

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 047 ***150.00

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DOCUMENT # P96000096761

1. Entity Name
RESULTS CAPITAL GROUP INC.



Principal Place of Business
**324 DATURA STREET
SUITE 140
WEST PALM BEACH FL 33401
US**

Mailing Address
**324 DATURA STREET
SUITE 140
WEST PALM BEACH FL 33401
US**



2. Principal Place of Business
**324 DATURA STREET
Suite, Apt. #, etc.
suite 130**

3. Mailing Address
**324 DATURA STREET
Suite, Apt. #, etc.
Suite 130**

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach FL.

City & State
West Palm Beach FL.

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
33401

Country
US

Zip
33401

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEBB, DAVID
324 DATURA STREET
SUITE 140
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WEBB, DAVID L
324 DATURA STREET, SUITE 140
WEST PALM BEACH FL 33401**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D/S
SAMS**

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☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.19.03 561-346-5905

CR2E034 (10/02)