

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90099 002 ***150.00

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1. Entity Name
OPERATING RESULTS, INC.



Principal Place of Business
3124 KEGLER DRIVE
JACKSONVILLE FL 32216
US

Mailing Address
3124 KEGLER DRIVE
JACKSONVILLE FL 32216
US

2. Principal Place of Business
10913 FALKLAND ROAD
Suite, Apt. #, etc.

3. Mailing Address
10913 FALKLAND ROAD
Suite, Apt. #, etc.

City & State
JACKSONVILLE

City & State
JACKSONVILLE

Zip Country
32221 DUVAL

Zip Country
32221 DUVAL

4. FEI Number 59-3425988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTORO, THOMAS C
1700 WELLS RD, SUITE 5
ORANGE PARK FL 32073

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 D
NAME KINSEY, JOSEPH W
STREET ADDRESS 3124 KEGLER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216
10913 FALKLAND ROAD JACKSONVILLE 32221

TITLE D
NAME KINSEY, MARY H
STREET ADDRESS 3124 KEGLER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216
10913 FALKLAND ROAD JACKSONVILLE 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

CR2E034 (10/02)

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: Joseph W. Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 904-781-3327
Date Daytime Phone #