

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90393 032 ***150.00

0015035

DOCUMENT # P97000028995

1. Entity Name

CUSTOMER INSIGHTS RESEARCH, INC.

Principal Place of Business

**3065 BRIDGESTONE DR
 JACKSONVILLE FL 32216**

Mailing Address

**3065 BRIDGESTONE DR
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3440225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTTER, BOB
 3065 BRIDGESTONE DR
 JACKSONVILLE FL 32216**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **RUTTER, BOB**
 STREET ADDRESS **3065 BRIDGESTONE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

843969

P97000028995

Customer Insights Research, Inc.

Robert (Bob) Rutter, Ph.D., P.O.Box 551337, Jacksonville, FL 32255-1337 904-731-9130 Fax: 904-731-9164

August 9, 2000

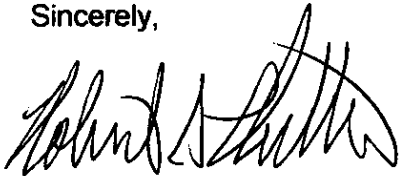
Department of State
Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please accept my apologies for being tardy with filing my report. I am a Subchapter S Corporation and I am the sole owner. My business takes me on the road frequently and I have been out of town for the past two weeks, returning to Florida on the 3rd. I am sending the form and the \$150 fee with the hope that you will understand why I am a little late.

Thank you.

Sincerely,



Robert S. Rutter
President