

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086524

1. Entity Name
RESEARCH SOLUTIONS, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

05-24-2002 91342 005 ***150.00

Principal Place of Business Mailing Address
5651 EICHEN CIRCLE 5651 EICHEN CIRCLE
FORT MYERS FL 33919 FORT MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
12350 Coconut Creek Ct 12350 Coconut Creek Ct
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers FL Fort Myers FL
Zip Country Zip Country
33908 Lee 33908 Lee

4. FEI Number 65-0786624 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LANGLEY, BARBARA LYNN W
5651 EICHEN CIRCLE
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
12350 Coconut Creek Ct
City Fort Myers FL Zip Code 33908

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 title 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! FEES \$150.00
Any May 2002 Fee Must Be Paid
This Fee Must Be Paid to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LANGLEY, BARBARA LYNN W 5651 EICHEN CIRCLE FORT MYERS FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12350 Coconut Creek Ct Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Lynn W Langley 04/30/02 941-4828780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR050110/01/11