

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000081575

1. Entity Name
RESEARCH & RESOLUTION, INC.

| | | | |
|--|----|--|----|
| Principal Place of Business 784 US HWY ONE STE 22 D NORTH PALM BEACH 33408 | FL | Mailing Address 437 HARBOUR ROAD NORTH PALM BEACH 33408 | FL |
|--|----|--|----|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 2605 NATURES WAY Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|------------------------------------|---------|--|---|--|
| City & State PALM BEACH GARDENS | FL | 4. FEI Number 65-0864681 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip 33410 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

OWEN FRANK V.E.
 437 HARBOUR ROAD
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
 OWEN FRANK V.E.
 Street Address (P.O. Box Number is Not Acceptable)
 2605 NATURES WAY
 City
 PALM BEACH GARDENS FL Zip Code
 33410

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 _____ DATE **01/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD OWEN SUSAN B 437 HARBOUR ROAD NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD OWEN FRANK V.E. 437 HARBOUR ROAD NORTH PALM BEACH FL 33408 <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 |
| 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 | VSD OWEN SUSAN B 2605 NATURES WAY PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD OWEN FRANK V.E. 2605 NATURES WAY PALM BEACH GARDENS FL 33410 <input checked="" 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 |
| 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: Frank V. E. Owen Pres Date 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)