

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90109 032 ***158.75

DOCUMENT # P98000095226

1. Entity Name

THE RESULTS GROUP, INC.

Principal Place of Business

**7734 BELMONT DRIVE
 LAKE WORTH FL 33467**

Mailing Address

**7734 BELMONT DRIVE
 LAKE WORTH FL 33467**

00041220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1515 N. Federal Highway
 Suite 300
 Boca Raton, FL**

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 Suite 300
 Boca Raton, FL**

4. FEI Number **65-0875375**

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

**NESER, ANTHONY V
 7734 BELMONT DRIVE
 LAKE WORTH FL 33467**

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 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!!! 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 **NESER, ANTHONY V**
 STREET ADDRESS **7734 BELMONT DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **P, CEO, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **NESER, DEBRA ANN**
 STREET ADDRESS **7784 BELMONT DR**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VP, CFO, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6864 Spider Lily Lane**
 CITY-ST-ZIP **Lantana, FL 33462**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Sharon Brindle**
 STREET ADDRESS **10673 Pelican Drive**
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)