

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106454

1. Entity Name

RESULTS MANAGEMENT, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90102 046 ***150.00

Principal Place of Business

2999 HARTLEY RD., S-102
JACKSONVILLE FL 32257

Mailing Address

2970 HARTLEY RD., S-102
JACKSONVILLE FL 32257-6234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2999 HARTLEY ROAD

Suite, Apt., #, etc.

Suite #202

City & State

Jacksonville, FL 32257

Zip

32257

Country

USA

3. Mailing Address

2999 HARTLEY ROAD

Suite, Apt., #, etc.

Suite #202

City & State

Jacksonville, FL

Zip

32257

Country

USA

4. FEI Number

59-3550216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEAD, KOKO P.A.

2970 HARTLEY RD., S-104
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

KOKO HEAD

Street Address (P.O. Box Number is Not Acceptable)

9309 Old Kings Road South

Suite #4

City

Jacksonville

FL

Zip Code

32257

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, 2000 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	<input type="checkbox"/> Delete
PSD	WATSON, JOHN F	2970 HARTLEY RD/#102	JACKSONVILLE FL 32257	<input type="checkbox"/>
TD	WATSON, AMY L	2970 HARTLEY RD/#102	JACKSONVILLE FL 32257	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1/6/00
Date

(904) 262-1595
Daytime Phone #

CR2E034 (9/99)