APR-29-2002 14:29 RESULTS MANAGEMENT INC

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90102 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106404 ✓

1. Entity Name: Results Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8131 Baymeadows Cir W	Same
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.: "
City & State: Jax, FL	City & State: "
Zip: 32256 Country: USA	Zip: " Country: "

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3550216 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Head, KOKO PA
Street Address (P.O. Box Number is Not Acceptable): 9309 OLD KINGS RD S.
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] 4/29/02
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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WATSON, John F.
STREET ADDRESS	8131 Baymeadows Cir W #201
CITY-ST-ZIP	Jax, FL 32256
TITLE	TD
NAME	WATSON, Amy L
STREET ADDRESS	8131 Baymeadows Cir W #201
CITY-ST-ZIP	Jax, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.01