

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90102 034 ***550.00

DOCUMENT # F97000003248

1. Entity Name
NORTH AMERICAN RISK, INC.

Principal Place of Business
5400 LBJ FREEWAY
SUITE 880
DALLAS TX 75240
US

Mailing Address
5400 LBJ FREEWAY
SUITE 880
DALLAS TX 75240
US

80132865



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
6311 Atrium Dr. Ste 100

3. Mailing Address
 Suite, Apt. #, etc.
P.O. Box 49228

City & State
Bradenton, FL

City & State
Sarasota, FL

4. FEI Number **75-2642383** Applied For
 Not Applicable

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

Zip **34202** Country **USA** Zip **34230** Country

6. Name and Address of Current Registered Agent
F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3527

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	ADKINS, BARBARA	
STREET ADDRESS	5400 LBJ FREEWAY, SUITE 880	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEYNAND, RUPERT	
STREET ADDRESS	5400 LBJ FREEWAY, STE 880	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SCHADE, HAROLD	
STREET ADDRESS	6311 ATRIUM DRIVE #100	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOUSTON, KAY	
STREET ADDRESS	6311 ATRIUM DRIVE, STE 100	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED Harold Schade** 7/26/02 941 557-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)