

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 608390

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: RISK MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

829 SE AIRPORT RD  
#50  
STUART, FL 34996 US

## Current Mailing Address:

P.O. BOX 1133  
STUART, FL 349944582 US

## New Principal Place of Business:

537 SE CENTRAL PKWY  
STUART, FL 34994 US

## New Mailing Address:

33 FLAGLER AVE  
ATTN: TODD LAYCOCK, CPA  
STUART, FL 34994 US

FEI Number: 59-1884477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROSS, RICHARD F  
624 ST LUCIE CRES. #303  
STUART, FL 33497 US

## Name and Address of New Registered Agent:

LAYCOCK, TODD J  
33 FLAGLER AVE  
STUART, FL 33494 US

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: TODD J. LAYCOCK

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CROSS, RICHARD F,  
Address: 624 ST LUCIE CRES. #303  
City-St-Zip: STUART, FL

Title: SD ( ) Delete  
Name: CROSS, CAROLYN S  
Address: 624 ST LUCIE CRESCENT #303  
City-St-Zip: STUART, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CROSS, RICHARD F  
Address: 537 CENTRAL PKWY  
City-St-Zip: STUART, FL 34994 US

Title: SD (X) Change ( ) Addition  
Name: CROSS, CAROLYN S  
Address: 537 CENTRAL PKWY  
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD F. CROSS

P

04/29/2003

Electronic Signature of Signing Officer or Director

Date