

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 694576

FILED
Mar 20, 2002 8:00 AM
Secretary of State

Entity Name: ROSS RISK MANAGEMENT, INC.

Current Principal Place of Business:

4636 GLISSADE DR
NEW PORT RICHEY, FL 34684 US

New Principal Place of Business:

4636 GLISSADE DR
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

P. O. BOX 386
P O BOX 386
PALM HARBOR, FL 346820386 US

New Mailing Address:

6714 MILLSTONE DR
NEW PORT RICHEY, FL 34655512 US

FEI Number: 59-2132338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALFORD, RICHARD L
1550 S HIGHLAND AVE
CLEARWATER, FL 34616

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: ROSS, KARALEE L,
Address: 50 ORCHARD CT
City-St-Zip: PALM HARBOR, FL

Title: PMC (X) Delete
Name: ROSS, HUGH H., III,
Address: 50 ORCHARD CT
City-St-Zip: PALM HARBOR, FL 3,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTM (X) Change () Addition
Name: ROSS, KARALEE L,
Address: 6717 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655512 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KARALEE L ROSS

P

03/20/2002

Electronic Signature of Signing Officer or Director

Date