

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91597 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F00000001141**

**1. Entity Name**  
**KEY RISK MANAGEMENT SERVICES, INC.**

**Principal Place of Business**

**7900 MCCLOUD ROAD**  
**STE 300**  
**GREENSBORO NC 27409**

**Mailing Address**

**7900 MCCLOUD ROAD**  
**STE 300**  
**GREENSBORO NC 27409**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**56-1800954**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HEALD, JEAN**

**639 E OCEAN AVE**

**STE 403**

**BOYNTON BEACH FL 33435**

**7. Name and Address of New Registered Agent**

Name

**Danny Allen**

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

**5512 Avenida Del Mare**

City

**Sarasota, FL**

**FL**

Zip Code

**34242**

**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 Danny Allen**

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, 2002 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**

**C** ☐ Delete  
**BERKLEY, WILLIAM R**  
**165 MASON STREET**  
**GREENWICH CT**

**V** ☐ Delete  
**LANKFORD, H. RAYMOND JR**  
**165 MASON STREET**  
**GREENWICH CT**

**D** ☐ Delete  
**BIGGERSTAFF, BOBBY G**  
**7900 MCCLOUD ROAD STE 300**  
**GREENSBORO NC 27409**

**DP** ☐ Delete  
**SYKES, JOSEPH W**  
**7900 MCCLOUD ROAD STE 300**  
**GREENSBORO NC 27409**

**VP** ☐ Delete  
**LISTER, LEO J**  
**7900 MCCLOUD ROAD STE 300**  
**GREENSBORO NC 27409**

**ST** ☐ Delete  
**KARR, REBECCA**  
**7900 MCCLOUD ROAD STE 300**  
**GREENSBORO NC 27409**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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**  
**Rebecca H. Karr**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02**  
 Date

**(336) 668-9050**  
 Daytime Phone #

CR2E034 (9/01)