

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

07-16-2002 90352 043 ***550.00

DOCUMENT # F01000005151

1. Entity Name

IMPAIRED RISK SPECIALISTS, INC.

Principal Place of Business

**1521 BEACHWALKER DR.
 FERNANDINA BEACH FL 32034**

Mailing Address

**1521 BEACHWALKER DR.
 FERNANDINA BEACH FL 32034**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3852373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JOHNSON, EDWIN B
 1521 BEACHWALKER DR.
 FERNANDINA BEACH FL 32034**

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

Edwin B Johnson
 Pres.

8/1/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 \$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	PC	☐ Delete
NAME	JOHNSON, EDWIN B	
STREET ADDRESS	1521 BEACHWALKER DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	SO	☒ Delete
NAME	JOHNSON, SANDRA R	
STREET ADDRESS	1521 BEACHWALKER DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	☐ Delete
NAME	JOHNSON, JODIE A	
STREET ADDRESS	1521 BEACHWALKER DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), Florida Statutes. I further certify that the information indicated on this report of supplemental records 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 statement 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 when an officer or director is removed.

SIGNATURE:

SIGNATURE REQUIRED

8/27/02 904-491-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)