

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90068 043 ***150.00

DOCUMENT # F64588

1. Entity Name

GREENWICH RISK MANAGEMENT, INC.

Principal Place of Business

**1499 W. PALMETTO PARK RD.
 SUITE 130
 BOCA RATON FL 33486**

Mailing Address

**~~1499 W. PALMETTO PARK RD.~~
~~SUITE 130~~
 BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

735 AURELIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

4. FEI Number

59-2154353

Applied For

Not Applicable

Zip

Country

33486

Country

FLA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICHIARA, JOHN B. ESQ.
 507 SE 11TH CT.
 FT LAUDERDALE FL 33316**

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COMISKEY, WILLIAM F SR	
STREET ADDRESS	735 AURELIA ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PLEMONS, WILLIAM J JR.	
STREET ADDRESS	599 NATHAN THAXTON RD.	
CITY-ST-ZIP	JACKSON GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KALLMAYER, GARY D	
STREET ADDRESS	724 NW 22ND ST.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RUSSELL E	
STREET ADDRESS	38 CLEVELAND STREET	
CITY-ST-ZIP	LOCUST GROVE CA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEE, DAVID G	
STREET ADDRESS	38 CLEVELAND STREET	
CITY-ST-ZIP	LOCUST GROVE CA	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARITA ROSA COMISKEY	
STREET ADDRESS	735 AURELIA ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
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

William F. Comiskey Sr 4-20-01 561 397 9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)