

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005675**

1. Entity Name

KRM RISK MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

515 N. CABRILLO PARK DR.
STE. 306
SANTA ANA CA 92701515 N. CABRILLO PARK DR.
STE. 306
SANTA ANA CA 92701-5016

2. Principal Place of Business

3. Mailing Address

4270 W. RICHERT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 101

City & State

City & State

FRESNO

Zip

Country

Zip

CA

Country

FRESNO

4. FEI Number

77-0348362

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

16. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.
THE GREENLEAF BLDG.
200 LAURA ST.
JACKSONVILLE FL 32202-3510

Name

No Changes

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

N/A

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 C ☐ Delete
NAME VANBEURDEN, WILLIAM J
STREET ADDRESS 39906 KINGS RIVER DR.
CITY-ST-ZIP KINGSBURG CA 93631TITLE CD ☒ Change ☐ Addition
NAME Van Beurden, William J.
STREET ADDRESS 12950 Willow Bluff
CITY-ST-ZIP Clovis, CA 93611TITLE DP ☐ Delete
NAME MCINTOSH, ROBERT M
STREET ADDRESS 1301 BRITTANY CROSS RD.
CITY-ST-ZIP SANTA ANA CA 92705TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DSCO ☐ Delete
NAME WIGH, STEVEN C
STREET ADDRESS 39960 KINGS RIVER DR.
CITY-ST-ZIP KINGSBURG CA 93631TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CFO ☒ Delete
NAME CHOU, JOHN C
STREET ADDRESS 314 W. AUDUBON
CITY-ST-ZIP FRESNO CA 93711TITLE Chief Financial Officer ☐ Change ☒ Addition
NAME Gullen, Laura
STREET ADDRESS 824 E. NORMAL AVE
CITY-ST-ZIP Fresno, CA 93704TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

(559) 277-4800

Date

Daytime Phone #