

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90061 004 \*\*\*155.00

00001397



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # H71118</b>			
1. Entity Name <b>CORPORATE RISK SERVICE CORP.</b>			
Principal Place of Business <b>1370 S. OCEAN BLVD. STE. 2702 POMPANO BEACH FL 33062</b>		Mailing Address <b>1370 S. OCEAN BLVD. STE. 2702 POMPANO BEACH FL 33062</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>58-1650404</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PACE, CHARLES J. 1370 S. OCEAN BLVD. STE. 2702 POMPANO BEACH FL 33062</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (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) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PACE, THOMAS D 1370 S OCEAN BLVD #2702 POMPANO BEACH FL 33661</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PACE, CHARLES J 1370 S OCEAN BLVD #2702 POMPANO BEACH FL 33062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Charles J. Pace, TREAS</b>		Date <b>1/9/01</b> Daytime Phone # <b>954-781-7671</b>	