2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 04, 2001 08:00 AM DOCUMENT # K50125 1. Entity Name **Secretary of State** INSURANCE AND RISK MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 3200 BAILEY LANE 3200 BAILEY LANE #105 NAPLES FL NAPLES FL 34105 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0087746 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHMELZLE CHARLES D 3200 BAILEY LANE Street Address (P.O. Box Number is Not Acceptable) #105 NAPLES FL341058506 US 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 01/04/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE ☐ Addition THORNGATE, ROBERT, E. JR MAME NAME 90 MENTOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES \mathbf{FL} CITY-ST-ZIP \mathbf{v} ☐ Delete TITLE X Change ☐ Addition NAME MELLON CURTIS NAME THORNGATE ROBERT STREET ADDRESS 7431 BEAR HOLLOW CIRCLE STREET ADDRESS 90 MENTOR DRIVE CITY-ST-ZIP MY CITY-ST-ZIP NAPLES FL34110 ☐ Delete TITLE \mathbf{DV} X Change ☐ Addition FEDERAU MICHAEL NAME FEDERAU MICHAEL STREET ADDRESS 7431 BEAR HOLLOW CIRCLE STREET ADDRESS 2520 TALON COURT #203 CITY-ST-ZIP FT MYERS FLCITY-ST-ZIP NAPLES 34105 FL. ☐ Delete TITLE DV Change Addition SCHMELZLE CHARLES NAME SCHMELZLE CHARLES STREET ADDRESS 8671 KILKENNY CT STREET ADDRESS 8671 KILKENNY CT CITY-ST-ZIP FT. MYERS CITY-ST-ZIP FT. MYERS FL33912 TITLE Delete TITLE DP X Change ☐ Addition SCHMELZLE GEORGE NAME SCHMELZLE GEORGE STREET ADDRESS 4811 8TH AVE. SW STREET ADDRESS 4811 SYCAMORE DRIVE CITY-ST-ZIP MAPLES FL. CITY-ST-ZIP NAPLES FL34119 Delete TITLE Change ☐ Addition SCHMELZLE, GEORGE R. NAME SCHMELZLE, GEORGE R. STREET ADDRESS 6170 RESERVE CIRCLE 104 STREET ADDRESS 1119 AUGUSTA FALLS WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES 34119

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: _ CHARLES D. SCHMELZLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2001

Date

Daytime Phone #

CR2E034 (11/00)