2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000012136

1. Entity Name
TARGET RISK SERVICES, L.C.

Principal Place of Business	Mailing Address
2841 ECECUTIVE DR., STE 110	2841 ECECUTIVE DR., STE 110
CLEARWATER FL 33762	CLEARWATER FL 33762

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-3681381

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHRS, DENIS A 2841 EXECUTIVE DR., STE 120 CLEARWATER FL 33762	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE mGR NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Manager/member NAME Target Insurance Group, L.C. STREET ADDRESS 2841 Executive Dr., Suite 110 CITY-ST-ZIP Clearwater, Fl. 33762	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Member NAME Fenwick Consulting, Inc STREET ADDRESS 4090 Dora Wood Lane CITY-ST-ZIP Mt. Dora, FL 32767	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 600003554446---3 STREET ADDRESS -01/18/01---01093---019 CITY-ST-ZIP *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Jack J. Jacques, Manager_   1/10/2001   727.556.0766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #