

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90185 039 ****50.00

0023124

DOCUMENT # L02000027708

1. Entity Name

STILESCARR RISK MANAGEMENT, LLC



Principal Place of Business

**300 SE 2ND STREET
FORT LAUDERDALE FL 33301**

Mailing Address

**300 SE 2ND STREET
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

24 CATHEDRAL PLACE

Suite, Apt. #, etc.

SUITE 203

3. Mailing Address

P.O. Box 1718

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

FL 32084

Country

ST. JOHNS

Zip

32085

Country

ST JOHNS

4. FEI Number

52-2383809

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D-ESQ
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FL
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT/CEO** ☐ Delete
NAME **BRUCE E. CARR**
STREET ADDRESS **24 CATHEDRAL PLANE SUITE 305**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **EXECUTIVE VP/CEO** ☐ Delete
NAME **DENNIS H. WRIGHT**
STREET ADDRESS **24 CATHEDRAL PLACE SUITE 203**
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **DENNIS H. WRIGHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-2003

Date

904-824-9966

Daytime Phone #

CR2E083 (10/02)