

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N02000005386**

1. Entity Name

RISK MANAGEMENT, INC.



FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90316 046 ****61.25

Principal Place of Business

**4420 SPOTTSWOOD ROAD NORTH
JACKSONVILLE FL 32208**

Mailing Address

**4420 SPOTTSWOOD ROAD NORTH
JACKSONVILLE FL 32208**

2. Principal Place of Business

44 same as above
Suite, Apt. #, etc.

3. Mailing Address

52me as above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1891585

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**Garmen
GARMON, YVONNE
4420 SPOTTSWOOD ROAD NORTH
JACKSONVILLE FL 32208**

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

Yvonne N. Garmen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **Garmen**
NAME **GARMON, YVONNE**
STREET ADDRESS **4420 SPOTTSWOOD ROAD NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32208** (collection)

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Garmen, Yvonne**
NAME **GARMON, YVONNE**
STREET ADDRESS **4420 SPOTTSWOOD RD N**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 reports 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Yvonne N. Garmen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03
Date

Date

Daytime Phone #