

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000059749

1. Entity Name
RISK TRANSFER SOLUTIONS, INC.

Principal Place of Business
1661 SANDSPUR ROAD
MAITLAND FL 32751

Mailing Address
1661 SANDSPUR ROAD
MAITLAND FL 32751

2. Principal Place of Business
114 NORTH THORNTON AVENUE

3. Mailing Address
116 NORTH THORNTON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip Country
32801

Zip Country
32801

4. FEI Number
59-3682524

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOWMAN WILLIAM RJR.
315 EAST ROBINSON STREET SUITE 600

ORLANDO FL 32801 US

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.

SIGNATURE _____ DATE 04/09/2001

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VP/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	WILLIAMS DARYL	611 LAKE AVENUE	ALTAMONTE SPRINGS FL 32701			
	HUGHES PAUL R	116 NORTH THORNTON AVENUE	ORLANDO FL 32801			

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: Paul R. Hughes

CEO 04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)