

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90131 006 ***150.00

DOCUMENT # P00000105125

1. Entity Name
THE DERISK IT CORPORATION



Principal Place of Business
**132 SANDS POINT DR
TIERRA VERDE FL 33715**

Mailing Address
**132 SANDS POINT DR
TIERRA VERDE FL 33715**



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 **59-3711744**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOT, VICTORIA J
101 E KENNEDY BLVD, STE 2800
TAMPA FL 33602**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BADGER, NICHOLAS P**
STREET ADDRESS **132 SANDS POINT DRIVE**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **President** ☐ Change ☒ Addition
NAME **Matt Lust**
STREET ADDRESS **5490 McGinnis Village Place, Suite 105**
CITY-ST-ZIP **Alpharette GA 30005**

TITLE ☐ Delete
NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE **Director - Sales** ☐ Change ☒ Addition
NAME **Lann Stewart**
STREET ADDRESS **5490 McGinnis Village Place, Suite 105**
CITY-ST-ZIP **Alpharette GA 30005**

TITLE ☐ Delete
NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

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

TITLE ☐ Delete
NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

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

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CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ~~XXXXXXXXXX~~

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STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NICHOLAS P. BADGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2003 727 866 0499

Date Daytime Phone #

CR2E034 (10/02)