


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90451 002 ***150.00

DOCUMENT # P000000111272	
1. Entity Name United Risk Management Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2500 Hollywood Blvd.		3. Mailing Address 2500 Hollywood Blvd.	
Suite, Apt. #, etc. 414		Suite, Apt. #, etc. 414	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country USA	Zip 33020	Country USA

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number 65-1062488	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Martin J. Hanson	
Street Address (P.O. Box Number is Not Acceptable) 1110 Satin Leaf Street	
City Hollywood	FL Zip Code 33019

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT Martin J. Hanson 1110 Satin Leaf Street Hollywood, FL 33019	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin J. Hanson 4/27/05 922-2626

Date

Daytime Phone #

CR2E034B (12/02)