APR-25-2003 FRI 08:14 PM FAX NO.

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90193 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051450

1. Entity Name
RISK TRANSFER HOLDINGS, INC.

1-8-03

Principal Place of Business	Mailing Address
~~114 N THORNTON AVE~~	~~114 N THORNTON AVE~~
~~ORLANDO, FL 32801~~	~~ORLANDO, FL 32801~~

2. Principal Place of Business		3. Mailing Address	
301 E Pine Str.		301 E Pine Str	
Suite, Apt. #, etc. STe 350		Suite, Apt. #, etc. 350	
City & State Orlando FL		City & State Orlando FL	
Zip 32801	Country Orange	Zip 32801	Country Orange

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3722041 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR, ESQ
ZIMMERMAN SHUFFIELD KISER & SUTCLIFFE PA
315 EAST ROBINSON STREET SUITE 600
ORLANDO, FL 32801

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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, DARYL 315 E. ROBINSON , STE 580 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Williams, Daryl B. 301 E Pine Str. STe 350 Orlando FL 32801	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUGHES, PAUL 315 E. ROBINSON STE 580 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hughes, Paul 301 E Pine STr. STe 350 Orlando FL 32801	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #