

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90374 039 ***150.00

DOCUMENT # P01000066595

1. Entity Name
MAI RISK SOLUTIONS, INC.

Principal Place of Business
3502 HENDERSON BLVD., STE. 300
TAMPA FL 33609

Mailing Address
3502 HENDERSON BLVD., STE. 300
TAMPA FL 33609



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3746936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75-Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
100 N. TAMPA ST., STE. 2700
TAMPA FL 33602

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
NAME **PULS, JOHN L JR**
STREET ADDRESS **3502 HENDERSON BLVD., STE. 300**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **PULS, BRANDIE L**
STREET ADDRESS **3502 HENDERSON BLVD., STE. 300**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **MCCARTHA, OTHA RAY**
STREET ADDRESS **1673 MAYFIELD AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/02

813 875-8662

CR2E034 (4/02)



MAI
RISK MANAGEMENT

P.O. Box 940097, Maitland, FL 32751
2250 Lucien Way, Suite 130, Maitland, FL 32751
Phone: 407-475-9990 • Fax: 407-475-9992
Website: www.binditquicker.com

Attachment
D# P01000066595
BN127679

July 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I spoke with Matt Andrews/Public Inquiry today and explained that ~~we had not received~~ any other notice for this company, MAI Risk Solutions, Document #P01000066595. He instructed me to mail in the check for the amount of \$150 with the form completed.

If you have any questions, please call me at (813) 875-8662.

Sincerely,

James M. Puls
Controller