

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

DOCUMENT # P02000059301

1. Entity Name

Risk FX Corp.



**FILED**

03 FEB 10 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3350 Riverwood Parkway

3. Mailing Address

2875 So. Ocean Blvd.

Suite, Apt. #, etc.

Suite 1560

Suite, Apt. #, etc.

Suite 200

City & State

Atlanta, GA

City & State

Palm Beach, FL 33480

Zip

30339

Country

USA

Zip

33480

Country

USA

4. FEI Number

01-0756174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

*per Sharon Howards*

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Don R. Boswell, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2875 South Ocean Blvd.

Suite 200

City

Palm Beach, FL 33480

FL

Zip Code

33480

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  
President/Director/Secretary  
Layne Gerstel  
3350 Riverwood Parkway  
Atlanta, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100012226851  
02/10/03--01095--018 \*\*150.00

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

CR2E034B (12/02)