

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000123198**



1. Entity Name  
**ADVANCED RISK MANAGEMENT, INC.**

Principal Place of Business  
**17606 KAMBRIDGE POINT DRIVE  
LUTZ FL 33548**

Mailing Address  
**17606 KAMBRIDGE POINT DRIVE  
LUTZ FL 33548**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

**11-3665567**

Not Applicable

Zip      Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name

**Donald Leggett**

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

**17606 Kambridge Pt Driv**

City **Lutz**

Zip Code **33548**

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**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	<b>PD LEGGETT, DONALD JR. 17606 KAMBRIDGE POINT DRIVE LUTZ FL 33548</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LEGGETT, KARLA 17606 KAMBRIDGE POINT DRIVE LUTZ FL 33548</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SPiegel & Utrera, P.A.  
Donald Leggett 4/29/03 813-921-9987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)