

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 032 ***158.75

DOCUMENT # P03000007444

1. Entity Name
NORTH AMERICAN RISK MANAGEMENT INC.



Principal Place of Business

6311 ATRIUM DRIVE
BOX 204
BRADENTON, FL 34202 US

Mailing Address

6311 ATRIUM DRIVE
BOX 204
BRADENTON, FL 34202 US

44049719



2. Principal Place of Business

100 First Ave. S.

3. Mailing Address

100 First Ave. S.

Suite, Apt. #, etc.

Suite 266

Suite, Apt. #, etc.

Suite 266

City & State

St. Petersburg FL

City & State

St. Petersburg, FL

Zip

33701

Country

US

Zip

33701

Country

US

07212004

Chg-P

CR2E034 (10/03)

4. FEL Number

33-1040107

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	0SECRETARY	<input type="checkbox"/> Delete
NAME	UNGAR, STEPHEN	
STREET ADDRESS	6311 ATRIUM DRIVE, BOX 204	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	HAROLD SCHADE, PRES	<input type="checkbox"/> Delete
NAME	100 FIRST AVE. S., STE 266	
STREET ADDRESS	ST. PETERSBURG, FL	
CITY-ST-ZIP	33701	
TITLE	JEFFREY CORDER, VP	<input type="checkbox"/> Delete
NAME	100 FIRST AVE. S., SUITE 266	
STREET ADDRESS	SAINT PETERSBURG, FL	
CITY-ST-ZIP	33701	
TITLE	MICHAEL J SAXON, PRES	<input type="checkbox"/> Delete
NAME	25800 SCIENCE PARK DR.	
STREET ADDRESS	BEACHWOOD, OH	
CITY-ST-ZIP	44122	
TITLE	BARRY D. ZYSKIND, DIR	<input type="checkbox"/> Delete
NAME	59 MAIDEN LANE, 6th FLOOR	
STREET ADDRESS	NEW YORK, NY	
CITY-ST-ZIP	10038	
TITLE	JAY J. MILLER, DIR	<input type="checkbox"/> Delete
NAME	59 MAIDEN LANE, 6th FLOOR	
STREET ADDRESS	NEW YORK, NY	
CITY-ST-ZIP	10038	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STEPHEN UNGAR, DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	59 MAIDEN LANE, 6th FLOOR	
STREET ADDRESS	NEW YORK, NY	
CITY-ST-ZIP	10038	
TITLE	MICHAEL J. SAXON, DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52800 SCIENCE PARK DR.	
STREET ADDRESS	BEACHWOOD, OH	
CITY-ST-ZIP	44122	
TITLE	HAROLD SCHADE, DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 FIRST AVE. S., STE 266	
STREET ADDRESS	ST. PETERSBURG, FL	
CITY-ST-ZIP	33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

7/21/04

212-780-7120