

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90040 003 ***150.00

DOCUMENT # P03000007444

1. Entity Name
NORTH AMERICAN RISK MANAGEMENT INC.



Principal Place of Business
**100 FIRST AVE S
STE 266
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**100 FIRST AVE S
STE 266
SAINT PETERSBURG, FL 33701 US**

50056173



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI 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**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**OS
UNGAR, STEPHEN
6311 ATRIUM DRIVE, BOX 204
BRADENTON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHADE, HAROLD
100 FIRST AVE S., STE 266
SAINT PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CORDER, JEFFREY
100 FIRST AVE S., STE 266
SAINT PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SAXON, MICHAEL J
25800 SCIENCE PARK DR
BEACHWOOD, OH 44122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZYSKIND, BARRY D
59 MAIDEN LANE, 6TH FLOOR
NEW YORK, NY 10038**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, JAY J
59 MAIDEN LANE, 6TH FLOOR
NEW YORK, NY 10038**

**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 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 #

7-8-05 727 282 158