

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90002 047 \*\*\*150.00

**B0018704**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P07087**

1. Entity Name

**RISK INNOVATIONS SERVICE & CONSULTING, INC.**

Principal Place of Business

Mailing Address

ARROWPOINT BLVD., M.S. 2116  
CHARLOTTE NC 28273-8136

PO BOX 1000  
CHARLOTTE NC 28201-1000  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3242627**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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	<input type="checkbox"/> Delete
NAME	FISHER, JOSEPH F	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, JOYCE W	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHEELER, JOYCE W	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	MCDONALD, JAMES D	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENDELSON, ROBERT V	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUSHEY, GERALD B	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28273	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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