

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90318 031 \*\*\*550.00

0136978 AT

**DOCUMENT # P28072**

1. Entity Name  
**ASSOCIATION RISK MANAGEMENT SERVICE CO.**



Principal Place of Business  
**250 E PARK AVE  
LAKE WALES FL 33853  
US**

Mailing Address  
**P O BOX 2368  
LAKE WALES FL 33859**

10111000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **73-1344665**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPAMERICA, INC.  
1525 S. ANDREWS AVE., STE 216  
SUITE 105  
FT. LAUDERDALE FL 33316**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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         | <input type="checkbox"/> Delete |
|-------|----------------------|-----------------|---------------------|---------------------------------|
| P     | MATHEWSON, ANTHONY K | 250 E. PARK AVE | LAKE WALES FL 33853 | <input type="checkbox"/>        |
| S     | BRADLEY, HELENE M    | 250 E PARK AVE  | LAKE WALES FL 33853 | <input type="checkbox"/>        |
| T     | BRADLEY, HELENE M    | 250 E PARK AVE  | LAKE WALES FL 33853 | <input type="checkbox"/>        |
|       |                      |                 |                     | <input type="checkbox"/>        |
|       |                      |                 |                     | <input type="checkbox"/>        |
|       |                      |                 |                     | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Anthony K. Mathewson* **REQUIRED** **Anthony K. Mathewson** 8/20/03 (863) 676-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)