## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 09, 2001 08:00 AM P93000001991 DOCUMENT # 1. Entity Name **Secretary of State** ADMINISTERED RISK MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 2206 LAKE CRESCENT COURT 2206 LAKE CRESCENT COURT WINDERMERE FL WINDERMERE FL347866104 347866104 US 2. Principal Place of Business 3. Mailing Address 2118 TALL OAK DRIVE 2118 TALL OAK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WINTER GARDEN FL WINTER GARDEN 65-0386458 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34787 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINGLSEY CLAIRE 1798 KINGS LAKE BLVD Street Address (P.O. Box Number is Not Acceptable) STE, 105 NAPLES FL33962 US 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 09/09/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE X Addition MAME NAME WILSON **JEFFREY** STREET ADDRESS STREET ADDRESS 2118 TALL OAK DRIVE CITY-ST-ZIP WINTER GARDEN CITY-ST-ZIP ST ☐ Delete TITLE ☐ Change NAME KINGSLEY CLAIRE NAME STREET ADDRESS 1798 KINGS LAKE BLVD #105 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition JENNIFER K NAME KINGSLEY JENNIFER STREET ADDRESS 2206 LAKE CRESCENT COURT STREET ADDRESS 2118 TALL OAK DRIVE CITY-ST-ZIP WINDERMERE 347866104 CITY-ST-ZIP WINTER GARDEN 34787 FL. TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

09/09/2001

Daytime Phone #

Date

Jennifer C. Kingsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_