

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90070 003 ***150.00

0093360 AV

DOCUMENT # P93000048427

1. Entity Name
RIISE GROUP, INC.

Principal Place of Business
450 SOUTH ORANGE AVENUE
SUITE 510
ORLANDO FL 32801

Mailing Address
450 SOUTH ORANGE AVENUE
SUITE 510
ORLANDO FL 32801



2. Principal Place of Business

450 South Orange Ave
Suite 510
Orlando, FL
32801

3. Mailing Address

450 South Orange Ave
Suite 510
Orlando, FL
32801

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3147977

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JEAN E
450 SOUTH ORANGE AVENUE
SUITE 510
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Jean E. Wilson**

Street Address (P.O. Box Number is Not Acceptable)

450 South Orange Avenue
Suite 510

Orlando

FL

Zip Code

32801

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT MATTHEWS, IRVING J 351 PLAZA DR. EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILSON, JEAN E 8962 GARY HAWK POINT ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE:

3-25-02
(407) 426-7595

Date

Daytime Phone #

CP2E034 (9/01)