

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90120 043 ***150.00

DUU00707

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000088588

1. Entity Name

Florida Risk Management Services, Incorporated

Principal Place of Business

Mailing Address

**9315 NE Sixth Ave.
 Suite A1
 Miami Shores, FL 33138
 USA**

**9315 NE Sixth Ave.
 Suite A1
 Miami Shores, FL 33138
 USA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1854814

Applied For

Not Applicable

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

**CT Corporation System
 1200 S Pine Island Road
 Plantation, FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres & Director	<input type="checkbox"/> Delete
NAME	Mary Claire Goff	
STREET ADDRESS	9319 Waltham Woods Road	
CITY-ST-ZIP	Baltimore MD 21234	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Jeanne Ross	
STREET ADDRESS	10600 SW 72nd Court	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Richard E. Hook	
STREET ADDRESS	1 Bussing Court	
CITY-ST-ZIP	Lutherville, MD 21093	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ellen Vanek	
STREET ADDRESS	10600 SW 72nd Court	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mary Claire Goff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2000

Date

410-296-1500

Daytime Phone #

CR2E034 (9/99)