

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90147 045 ***150.00

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DOCUMENT # P94000015982
 1. Entity Name
RIISE GROUP I, INC.

Principal Place of Business 201 SOUTH ORANGE AVENUE SUITE 1060, SIGNATURE PLAZA ORLANDO FL 32801	Mailing Address 201 SOUTH ORANGE AVENUE SUITE 1060, SIGNATURE PLAZA ORLANDO FL 32801
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2. Principal Place of Business 450 South Orange Ave Suite, Apt. #, etc. Suite 510 City & State Orlando, Florida Zip 32801 Country USA	3. Mailing Address 450 South Orange Ave Suite, Apt. #, etc. Suite 510 City & State Orlando, Florida Zip 32801 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3274173	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WILSON, JEAN E
201 SOUTH ORANGE AVENUE
SUITE 1060, SIGNATURE PLAZA
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
 City **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 DATE **4-23-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 DRIVE EUSTIS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILSON, JEAN E 8962 GREY 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
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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: DATE **4-23-01** 407/426-7595
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)