2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015982

1. Entity Name
RIISE GROUP I, INC.

Principal Place of Business	Mailing Address
450 S ORANGE AVE	450 S ORANGE AVE
STE 510	STE 510
ORLANDO FL 32801	ORLANDO FL 32801
US	US

2. Principal Place of Business
450 South Orange Ave
Suite, Apt. #, etc. — Suite 510
City & State — Orlando, FL
Zip — 32801   Country — USA

3. Mailing Address
450 South Orange Ave
Suite, Apt. #, etc. — Suite 510
City & State — Orlando, FL
Zip — 32801   Country — USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3274173   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, JEAN E
450 S ORANGE AVE
STE 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 Ave
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 _____
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME MATTHEWS, IRVING J STREET ADDRESS 351 PLAZA DRIVE CITY-ST-ZIP EUSTIS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VS NAME WILSON, JEAN E STREET ADDRESS 8962 GREY HAWK POINT CITY-ST-ZIP ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #