

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90023 013 ***150.00

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DOCUMENT # P94000015982

1. Entity Name
RIISE GROUP I, INC.



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

Mailing Address
450 S ORANGE AVE
STE 510
ORLANDO FL 32801
US



2. Principal Place of Business
5918 Bahama Shores
Suite, Apt. #, etc. **Drive South**

3. Mailing Address
P.O. Box 19707
Suite, Apt. #, etc. **109**

CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL

City & State
Charlotte, NC

Zip
33705

Country
USA

Zip
28219

Country
USA

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

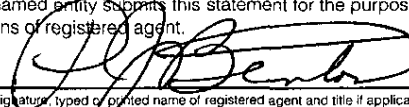
Name **P. J. Benton**

Street Address (P.O. Box Number is Not Acceptable)
5918 Bahama Shores Drive South

City
St. Petersburg, Florida

City **St. Petersburg, FL** Zip Code **33705**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/30/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MATTHEWS, IRVING J 351 PLAZA DRIVE EUSTIS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILSON, JEAN E 8962 GREY HAWK POINT ORLANDO FL 32836 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - U. Pres. - M Debra M. Benton 4700 Yorkmont Rd. Suite 109 Charlotte, NC 28208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Monroe 1206 Parrilla De Avila Tampa, Florida 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P P. J. Benton 5918 Bahama Shores Dr. South St. Petersburg, FL 33705 <input checked="" 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  Debra M. Benton **4/30/03** (704) 359-9819

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (10/02)