

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078807

1. Entity Name

RISKEY, INC.

FILED

May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90081 045 \*\*\*150.00

Principal Place of Business

Mailing Address

12399 OVERSEAS HWY.  
MARATHON FL 33050  
US

12399 OVERSEAS HWY.  
MARATHON FL 33050-3585  
US

2. Principal Place of Business

3. Mailing Address

10820 5th Ave Gulf  
Suite, Apt. #, etc.

10820 5th Ave Gulf  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Marathon, FL  
Zip 33050 Country USA

Marathon FL  
Zip 33050 Country USA

4. FEI Number

65-0530411

Applied For

Not Applicable

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

MCDANIEL, NANCY  
12399 OVERSEAS HWY  
MARATHON FL 33050

Name

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

10820 5th Ave Gulf

City

MARATHON

FL

Zip Code

33050

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	P	<input type="checkbox"/> Delete
NAME	MCDANIEL, NANCY	
STREET ADDRESS	12399 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCDANIEL, TERRY E	
STREET ADDRESS	12399 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOLFERSBERGER, TIFFANY B	
STREET ADDRESS	12399 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WOLFERSBERGER, PHILIP J	
STREET ADDRESS	12399 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULRONEY, DAWN A	
STREET ADDRESS	12399 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MULRONEY, GEORGE J	
STREET ADDRESS	12399 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10820 5th Ave Gulf	
STREET ADDRESS	MARATHON, FL 33050	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	10820 5th Ave Gulf	
NAME	MARATHON, FL 33050	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	10822 5th Ave Gulf	
NAME	MARATHON, FL 33050	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	30443 DATE ROW	
NAME	BIG PINE, FL 33043	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	30443 DATE ROW	
NAME	BIG PINE, FL 33043	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

NANCY MCDANIEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

305-289-3970  
Date Daytime Phone #

CR2E034 (9/99)