

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 13 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078807

1. Entity Name

RISKEY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29654 CONSTITUTION AVENUE

3. Mailing Address

12 GRAND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BIG PINE, FL

City & State

PO Box 247
COPPERHILL, TN

4. FEI Number

65-0530411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TERRY MCDANIEL

Street Address (P.O. Box Number is Not Acceptable)
29654 CONSTITUTION AVENUE

City

BIG PINE

FL

Zip Code
33043

**DO NOT WRITE
IN THIS SPACE**

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

Terry McDaniel, Pres Terry McDaniel 5-8-02

Signature typed or printed name of registered agent and official title.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
TERRY MCDANIEL
12 GRAND AVENUE PO Box 247
COPPERHILL, TN 37317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400005598744
-05/23/02--01009--004
****900.00 ****900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
NANCY MCDANIEL
12 GRAND AVENUE PO Box 247
COPPERHILL, FL 37317

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry McDaniel *Terry McDaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-02 423-496-9020

CR2E0348 03/01