

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90139 029 ***150.00

DOCUMENT # P94000081627

1. Entity Name
RISK CONTROL INCORPORATED



Principal Place of Business
**16512 LAKE HEATHER DR.
TAMPA FL 33618
US**

Mailing Address
**16512 LAKE HEATHER DR.
TAMPA FL 33618
US**

2. Principal Place of Business
46 Adler Court

3. Mailing Address
46 Adler Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Rockaway, NJ

City & State
Rockaway, NJ

Zip
07866-2611

Country
USA

Zip
07866-2611

Country
USA

4. FEI Number
22-3339098

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CRANE, THOMAS M P.A.
502-B WEST FLETCHER AVENUE
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **DEMAREST, WAYNE A**
STREET ADDRESS **16512 LAKE HEATHER DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☐ Delete
NAME **KASKEL, PETER S**
STREET ADDRESS **55 MAIN STREET APT. 6442**
CITY-ST-ZIP **ENFIELD CO 06082**

TITLE **VD** ☐ Delete
NAME **RUTH, JOHN F**
STREET ADDRESS **8 FRANKO LANE**
CITY-ST-ZIP **SETAUKET NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **46 Adler Court**
CITY-ST-ZIP **Rockaway, NJ 07866-2611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Setauket, NY 11733**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Wayne Demarest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03 (973) 586-0440

Date

Daytime Phone #

CR2E034 (10/02)