

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056092

1. Entity Name

TRANS RISK, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90089 041 ***150.00

Principal Place of Business

Mailing Address

3200 BAILEY LANE
NAPLES FL 34105
US

3200 BAILEY LANE
NAPLES FL 34105-8522
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0598162

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

SCHMELZLE, CHARLES D
8671 KILKENNY CT.
FT. MYERS FL 33912

Name

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

3200 Bailey Lane # 105

City

Naples

FL

FL

Zip Code

34105-8522

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

Charles D. Schmelzle, COO

3/2/00

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 PD ☐ Delete
NAME SCHMELZLE, GEORGE R
STREET ADDRESS 6170 RESERVE CIR #104
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete
NAME THORNGATE, ROBERT E JR.
STREET ADDRESS 90 MENTOR DRIVE
CITY-ST-ZIP NAPLES FL 33942

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

TITLE D ☐ Delete
NAME KUHLMAN, WILLIAM H JR.
STREET ADDRESS 687 MEVILLE COURT
CITY-ST-ZIP NAPLES FL 33962

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

TITLE VD ☐ Delete
NAME SCHMELZLE, GEORGE C
STREET ADDRESS 4811 8TH AVE SW
CITY-ST-ZIP NAPLES FL

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

TITLE VD ☐ Delete
NAME SCHMELZLE, CHARLES D
STREET ADDRESS 8671 KILKENNY CT
CITY-ST-ZIP FT MYERS FL

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

TITLE V ☐ Delete
NAME FEDERAU, MICHAEL E
STREET ADDRESS 7431 BEAR HOLLOW CIR
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles D. Schmelzle

3/2/00

941 649 1444