

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000056092**1. Entity Name  
TRANS RISK, INC.

Principal Place of Business 3200 BAILEY LANE  NAPLES FL 34105 US	Mailing Address 3200 BAILEY LANE  NAPLES FL 34015 US
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2. Principal Place of Business 3200 BAILEY LANE	3. Mailing Address 3200 BAILEY LANE
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Suite, Apt. #, etc. STE 105	Suite, Apt. #, etc. STE 105
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34105	Country US	Zip 34015	Country US
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4. FEI Number <b>65-0598162</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SCHMELZLE CHARLES D  
3200 BAILEY LANE #105  
  
NAPLES FL 341058546 US**7. Name and Address of New Registered Agent**

Name SCHMELZLE CHARLES D
Street Address (P.O. Box Number is Not Acceptable) 3200 BAILEY LANE #105
City NAPLES FL
Zip Code 341058506

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 \_\_\_\_\_ **01/04/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEDERAU MICHAEL E 7431 BEAR HOLLOW CIR FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMELZLE CHARLES D 8671 KILKANNY CT FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMELZLE GEORGE C 4811 8TH AVE SW NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHLMAN WILLIAM HJR. 687 MEVILLE COURT NAPLES FL 33962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNGATE ROBERT EJ. 90 MENTOR DRIVE NAPLES FL 33942	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMELZLE GEORGE R 6170 RESERVE CIR #104 NAPLES FL	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEDERAU MICHAEL E 2520 TALON CT #203 NAPLES FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMELZLE CHARLES D 8671 KILKANNY CT FT MYERS FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMELZLE GEORGE C 4811 SYCAMORE DRIVE NAPLES FL 34119	<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	VD THORNGATE ROBERT EJ. 90 MENTOR DRIVE NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMELZLE GEORGE R 1119 AUGUSTA FALLS WAY NAPLES FL 34119	<input checked="" 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: CHARLES D. SCHMELZLE**

VD 01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)