2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002
Secretary of State

DOCUMENT# P95000056092

Entity Name: TRANS RISK, INC.

Current Principal Place of Business:

3200 BAILEY LANE
STE 105
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

3200 BAILEY LANE
STE 105
NAPLES, FL 34015 US

New Mailing Address:

FEI Number: 65-0598162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMELZLE, CHARLES D
3200 BAILEY LANE #105
NAPLES, FL 341058506 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SCHMELZLE, GEORGE R	
Address:	1119 AUGUSTA FALLS WAY	
City-St-Zip:	NAPLES, FL 34119	
Title:	VD	( ) Delete
Name:	THORNGATE, ROBERT E JR.	
Address:	90 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	KUHLMAN, WILLIAM H JR.	
Address:	687 MEVILLE COURT	
City-St-Zip:	NAPLES, FL 33962	
Title:	PD	( ) Delete
Name:	SCHMELZLE, GEORGE C	
Address:	4811 SYCAMORE DRIVE	
City-St-Zip:	NAPLES, FL 34119	
Title:	VD	( ) Delete
Name:	SCHMELZLE, CHARLES D	
Address:	8671 KILKENNY CT	
City-St-Zip:	FT MYERS, FL 33912	
Title:	V	( ) Delete
Name:	FEDERAU, MICHAEL E	
Address:	2520 TALON CT #203	
City-St-Zip:	NAPLES, FL 34105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D. SCHMELZLE VD 01/08/2002

Electronic Signature of Signing Officer or Director Date