2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or outpilations of the corporation or the receiver or trichanged, or on an attachment with an

SIGNATURE:

FILED DOCUMENT # P97000021356 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** RISK TRANSFER SYSTEMS, INC. 03-28-2000 90006 012 ***158.75 Mailing Address Principal Place of Business 536 E. TARPON AVE., STE. 2 536 E. TARPON AVE., STE. 2 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-4344 000000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3435779 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERRARO, PAUL V Street Address (P.O. Box Number is Not Acceptable) 536 E. TARPON AVE., STE. 2 **TARPON SPRINGS FL 34689** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPST ☐ Change Addition ☐ Delete TITLE TITLE FERRARO, PAUL V NAME 536 E TARPON AVE #2 STREET ADDRESS STREET ADDRESS TARPON SPRGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition D Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 exemption to the receiver of the corporation or the receiver or trottee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if