

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90004 003 \*\*\*150.00

**DOCUMENT # P97000106688**

1. Entity Name  
**RISCO CORPORATION**

Principal Place of Business <b>6215 STONE ROAD #100          PORT RICHEY FL 34668</b>	Mailing Address <b>6215 STONE ROAD #100          PORT RICHEY FL 34668</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>967 Ridgewood Terrace</b> Suite, Apt. #, etc.	3. Mailing Address <b>967 Ridgewood Terrace</b> Suite, Apt. #, etc.
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City & State <b>Tarpon Springs, Florida</b>	City & State <b>Tarpon Springs, Florida</b>
Zip <b>34689</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3485341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RISOLA, SAMUEL JR.  
 6215 STONE ROAD #100  
 PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**967 Ridgewood Terrace**  
 City **Tarpon Springs, FL** Zip Code **34689**

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 **Samuel Risola, Jr.** *Samuel Risola* **3-15-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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	<b>PTSD RISOLA, SAMUEL JR 6215 STONE ROAD, SUITE 100 PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RISOLA, ARLEEN 6215 STONE ROAD, SUITE 100 PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>57 Central Court Tarpon Springs, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>57 Central Court Tarpon Springs, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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 another like empowered.

SIGNATURE: *Samuel Risola* **Samuel Risola, Jr.** **3-15-01** **727-937-8924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)