

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90295 021 ***150.00

DOCUMENT # P98000062604

1. Entity Name

PORTER RISK MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

101 PHILIPPE PKWY
SUITE 201

101 PHILIPPE PKWY
SUITE 201

SAFFETY HARBOR FL 34695

SAFFETY HARBOR FL 34695

2. Principal Place of Business

3023 Eastland Blvd.

3. Mailing Address

3023 Eastland Blvd.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

4. FEI Number **59-3524620**

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

PORTER, DEAN L
14054 102ND AVE.
SEMINOLE FL 33774

Name

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

City

FL

Zip Code

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]

Dean L. Porter, President

2/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PORTER, DEAN L**
STREET ADDRESS **14054 102RD AVE**
CITY-ST-ZIP **SEMINOLE FL 33774**

TITLE **D** ☐ Change ☒ Addition
NAME **Rivero, Anthony**
STREET ADDRESS **3023 Eastland Blvd suite 102**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **D** ☒ Delete
NAME **PORTER, LAURIE J**
STREET ADDRESS **14054 102RD AVE**
CITY-ST-ZIP **SEMINOLE FL 33774**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

Dean L. Porter, President

2/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(925) 765-9846

CR2E034 (10/00)