

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90019 048 \*\*\*150.00

DOCUMENT # P98000102072

1. Entity Name

PERSONAL RISK MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

8192 COLLEGE PKWY  
STE 4  
FORT MYERS FL 33919

Mailing Address

1500 COLONIAL BLVD  
STE 234  
FORT MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8192 COLLEGE PKWY.

Suite, Apt. #, etc.

4-5

City & State

FT. MYERS FL

Zip

33919

Country

LEE

4. FEI Number 65-0881823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUBA, JOHN  
1500 COLONIAL BLVD  
STE 234  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

JOHN A. GUBA

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

8192 COLLEGE PKWY STE 4-5

City

FORT MYERS

FL

Zip Code  
33919

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 *John A. Guba* JOHN A. GUBA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4-20-01

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 PTD  
NAME GUBA, JOHN ☒ Delete  
STREET ADDRESS 1500 COLONIAL BLVD  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME JOHN A. GUBA ☒ Change ☐ Addition  
STREET ADDRESS 8192 COLLEGE PKWY STE 4-5  
CITY-ST-ZIP FORT MYERS FL 33919

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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: *John A. Guba* JOHN A. GUBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

941-277-1095

Daytime Phone #

CR2E034 (10/00)