

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91485 010 ***150.00

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1. Entity Name
RISK SERVICES INTERNATIONAL, INC.



Principal Place of Business
**1800 2ND ST., STE. 909
SARASOTA FL 34236**

Mailing Address
**PO BOX 2139
SARASOTA FL 34230-2139
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0924108**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**WOLFE, RANDOLPH J ESQ.
FOLEY & LARDNER
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
CD HARRIS, G. WAYNE
STREET ADDRESS **1800 2ND ST., STE. 909**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME Change Addition
AS Heather Ross
STREET ADDRESS **1501 Wilson Blvd, Ste. 1110**
CITY-ST-ZIP **Arlington, VA 22209**

TITLE NAME Delete
VSD HARKAVY, JONATHAN
STREET ADDRESS **1501 WILSON BLVD., STE. 1110**
CITY-ST-ZIP **ARLINGTON VA 22209**

TITLE NAME Change Addition
V Charles Halstead-Johnson
STREET ADDRESS **3336 Airport Rd, Ste. 210**
CITY-ST-ZIP **Barre, VT 05641**

TITLE NAME Delete
PD ROGERS, MICHAEL T
STREET ADDRESS **1800 2ND ST., STE 909**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME Change Addition

TITLE NAME Delete
VT GEORGE, DANIEL
STREET ADDRESS **3336 AIRPORT RD., STE 201**
CITY-ST-ZIP **BARRE VT 05641**

TITLE NAME Change Addition

TITLE NAME Delete
VPAS ROY, PAMELA
STREET ADDRESS **3336 AIRPORT RD., STE 201**
CITY-ST-ZIP **BARRE VT 05641**

TITLE NAME Change Addition

TITLE NAME Delete
AS BUSBY, JUNE
STREET ADDRESS **1800 SECOND ST., STE 909**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/16/03** Daytime Phone # **941-955-0793**

CFR2034 (10/02)