

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 040 ***150.00

DOCUMENT # *P99000080477*

1. Entity Name

Alternative Risk Services Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 W. Commercial Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Zip

33309

Country

USA

Country

4. FEI Number

65-1083196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carmillo Jahn

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

1600 W. Commercial Blvd.

City

Ft. Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
see attached

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Stephenson, Pres 4/10/02 454 4536585

Attachment 851660
ALTERNATIVE RISK SERVICES, INC. #P99000080477

ADDITIONAL DIRECTORS AND OFFICERS:

Title: D
Name: Mark Stephenson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D
Name: Philip E. Morgaman
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: ~~Ft. Lauderdale, Florida 33309~~

Title: D
Name: Neal Nichols
Street Address: 3251 Washington Blvd.
City-St-Zip: Arlington, VA 22201

Title: D
Name: John Camillo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Deborah Gardner
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D
Name: Bill Spruce
Street Address: ~~1600 W. Commercial Blvd.~~
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Linda M. DiNapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Attachment

851660

#P99000080477

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. lauderdale, Florida 33309

Title: D,V,S,T
Name: Don O'Boyle
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: ~~Ft. Lauderdale, Florida 33309~~

Title: V
Name: Peter Reo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Tim Johnston
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309