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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 27, 2001 8:00 am DOCUMENT # F9600003266 Secretary of State 1. Entity Name 06-27-2001 90006 045 ***550.00 ARS NATIONAL SERVICES INC. Principal Place of Business Mailing Address PO BOX 463023 201 W GRAND AVE ESCONDIDO CA 92046 ESCONDIDO CA 92025 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number X3348284864 OLD # Applied For Not Applicable NEW # Eff. 1/1/01 33-0827570 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zio Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Addition HOWERTON, KATHY L NAME NAME 201, W GRAND AVE STREET ADDRESS STREET ADDRESS ESCONDIDO CA 92046 CITY-ST-ZIP CITY-ST-7IP ☐ Addition **K**KDelete ☐ Change TITLE TITLE CARRUTHERS, DOUGLAS S NAME NAME 201-W-GRAND-AVE STREET ADDRESS STREET ADDRESS escondído ca CITY-ST-ZIP CITY-ST-ZIP CEO Delete TITLE TITLE Change Addition HOWERTON, JOHN NAME NAME__ 201 W GRAND AVE STREET ADDRESS STREET ADDRESS CITY~ST-ZIP **ESCONDIDO CA** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **X**XAddition S HOWERTON, KATHY L. 201 W GRAND AVE NAME MOWERTON, KATHY L. NAME STREET ADDRESS STREET ADDRESS 201 W GRAND AVE CITY-ST-ZIP CITY-ST-ZIP ESCONDIDO, CA 92025 92046 ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emprivered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if