

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001892

1. Entity Name

ABM ENGINEERING SERVICES COMPANY

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90054 006 \*\*\*150.00

Principal Place of Business

160 PACIFIC AVE. STE 222  
SAN FRANCISCO CA 94111  
US

Mailing Address

160 PACIFIC AVE. STE 222  
SAN FRANCISCO CA 94111-1905  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2543310

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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, 2000 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	D	<input type="checkbox"/> Delete
NAME	STEELE, WILLIAM W	
STREET ADDRESS	160 PACIFIC AVE, STE 222	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDLES, MARTINN H	
STREET ADDRESS	160 PACIFIC AVE, STE 222	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCRANTON, JAMES C	
STREET ADDRESS	5300 S EASTERN AVE, STE 100	
CITY-ST-ZIP	LOS ANGELES CA 90040	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENTON, JESS E III	
STREET ADDRESS	160 PACIFIC AVE, STE 222	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOOTH, CHARLES M	
STREET ADDRESS	5300 S EASTERN AVE STE 100	
CITY-ST-ZIP	LOS ANGELES CA 90040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS B. BOWLUS	
STREET ADDRESS	160 PACIFIC AVE, STE 222	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	

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: *D. Bowlus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS B. BOWLUS

5-1-2000 (415) 733-4000

Date

Daytime Phone #

CR2E034 (9/99)