2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # F9900001777 1. Entity Name A. R. LANTZ CO., INC. 03-06-2001 90329 043 ***150.00 Principal Place of Business Mailing Address 12225 E. BEVERLY BLVD 12225 E. BEVERLY BLVD WHITTIER CA 90601 WHITTIER CA 90601 PARATAGO 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-1847314 Not Applicable Zip Country Zip_ 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 Name **HOWARD S. REEDER INC** Street Address (P.O. Box Number is Not Acceptable) 157 NE 8TH STREET **MIAMI FL 33132** Zin 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 Change ☐ Addition TITI F ☐ Delete TITLE LANTZ, LEE R NAME NAME 8469 LA VELA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITTIER CA ☐ Addition ☐ Change TITLE ☐ Delete TITLE LANTZ, J B NAME NAME STREET ADDRESS 9233 LINDANTE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITTIER CA ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Delete TITLE, Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 in true and accurate and that my/significer 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 otiler like empowered.