

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0571587

DOCUMENT # P37357

1. Entity Name
RINGLER SECURITIES SERVICES, INC.

04-06-2001 90054 020 ***150.00

Principal Place of Business Mailing Address
~~5000 BIRCH STREET SUITE 300~~ ~~5000 BIRCH STREET SUITE 300~~
 NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 Quail St.	3. Mailing Address 1500 Quail St.
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. 300
City & State Newport Beach, CA	City & State Newport Beach, CA
Zip 92660 Country USA	Zip 92660 Country USA

4. FEI Number **33-0413079** Applied For
 Not Applicable

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

WIGGINS, CURT
7051 UNIVERSITY BLVD
WINTER PARK FL 32792

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME	CDP BLATTENBERG, ROBERT J.	<input type="checkbox"/> Delete
STREET ADDRESS	5000 BIRCH STREET #300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE NAME	VCV HOFFMAN, PAUL A	<input type="checkbox"/> Delete
STREET ADDRESS	116 JOHN ST. #2320	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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: *Robert J. Blattenberg* **Robert J. Blattenberg** **3/29/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (10/00)