

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
 03-30-2000 90018 040 ***158.75

DOCUMENT # 602882 ✓
1. Entity Name
 Amley Asset Subsidiary, Inc

Principal Place of Business 21535 Hawthorne Blvd, #200
 Torrance CA 90503
Mailing Address

2. Principal Place of Business Same
3. Mailing Address Same

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-1353053
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

828911

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation
 1200 South Pine Island Rd
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	PD Sam Westover
STREET ADDRESS	21535 Hawthorne Blvd
CITY-ST-ZIP	Torrance
TITLE	<input type="checkbox"/> Delete
NAME	SP Paul Hayast
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T James Wilson
STREET ADDRESS	21535 Hawthorne Blvd
CITY-ST-ZIP	Torrance CA 90503
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Sam Westover
STREET ADDRESS	21535 Hawthorne Blvd
CITY-ST-ZIP	Torrance CA 90503
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	21535 Hawthorne Blvd #200
CITY-ST-ZIP	Torrance CA 90503
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	

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 James Wilson James Wilson, CFO 2-17-00 3107521300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)