

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90353 007 ***550.00

DOCUMENT # 602882

1. Entity Name

AMLEY ASSET SUBSIDIARY, INC.

Principal Place of Business

21535 HAWTHORNE BLVD
 STE 200
 TORRANCE CA 90503
 US

Mailing Address

21535 HAWTHORNE BLVD
 STE 200
 TORRANCE CA 90503
 US

2. Principal Place of Business

3850 N. Causeway Blvd
 Suite 800
 Metairie LA

3. Mailing Address

3850 N. Causeway Blvd
 Suite 800
 Metairie LA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1353053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	PDC SUMMERS, DENNIS 21535 HAWTHORNE #200 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WILSON, JAMES 21535 HAWTHORNE BLVD #200 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYASE, PAUL H 21535 HAWTHORNE BLVD #200 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Barb Palmisano, Sr. 3850 N. Causeway Blvd #800 Metairie LA 70002	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director Barb Palmisano Jr. 3850 N. Causeway Blvd #800 Metairie LA 70002	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO John Glover 3850 N. Causeway Blvd #800 Metairie LA 70002	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Barb Palmisano REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-02

5048344392

CR2E034 (4/02)