

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90013 004 \*\*\*150.00

**DOCUMENT # 851255**

1. Entity Name  
UDC ADVISORY SERVICES, INC.



Principal Place of Business  
655 BREA CANYON ROAD  
WALNUT, CA 91789

Mailing Address  
655 BREA CANYON ROAD  
WALNUT, CA 91789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number  
36-2930318

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, JOHN F	
STREET ADDRESS	655 BREA CANYON ROAD	
CITY-ST-ZIP	WALNUT, CA 917890489	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, EDMUND H JR	
STREET ADDRESS	655 BREA CANYON ROAD	
CITY-ST-ZIP	WALNUT, CA 917890489	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, PETER O JR.	
STREET ADDRESS	655 BREA CANYON ROAD	
CITY-ST-ZIP	WALNUT, CA 917890489	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHONTERE, JAMES G	
STREET ADDRESS	655 BREA CANYON ROAD	
CITY-ST-ZIP	WALNUT, CA 917890489	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREYS, ROY	
STREET ADDRESS	655 BREA CANYON ROAD	
CITY-ST-ZIP	WALNUT, CA 917890489	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAKEY, RONALD L	
STREET ADDRESS	655 BREA CANYON ROAD	
CITY-ST-ZIP	WALNUT, CA 917890489	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bert Selva	
STREET ADDRESS	655 Brea Canyon Road	
CITY-ST-ZIP	Walnut, CA 91789	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James G. Shontere	
STREET ADDRESS	655 Brea Canyon Road	
CITY-ST-ZIP	Walnut, CA 91789	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Max B. Johnson	
STREET ADDRESS	655 Brea Canyon Road	
CITY-ST-ZIP	Walnut, CA 91789	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Max B. Johnson, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/04 (909)594-9500