

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0670045 AB

DOCUMENT # 857455

1. Entity Name  
FINANCIAL NETWORK INVESTMENT CORPORATION



Principal Place of Business  
2780 SKYPARK DRIVE #300  
TORRENCE CA 90505

Mailing Address  
2780 SKYPARK DRIVE #300  
TORRENCE CA 90505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-3845382

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HANDY, JACK JR  
STREET ADDRESS 2780 SKYPARK DR #300  
CITY-ST-ZIP TORRENCE CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME SIMMERS, JOHN S.  
STREET ADDRESS 2780 SKYPARK DR #300  
CITY-ST-ZIP TORRENCE CA

TITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200022247702  
08/12/03--01039--012 \*\*558.75

TITLE D ☒ Delete  
NAME SIMMERS, JOHN S.  
STREET ADDRESS 2780 SKYPARK DR #300  
CITY-ST-ZIP TORRENCE CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MARR, MARK  
STREET ADDRESS 2780 SKYPARK DR. STE. 300  
CITY-ST-ZIP TORRENCE CA 90505

TITLE Treasurer/Director ☒ Change ☐ Addition  
NAME N. Mark Marr  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DCOO ☐ Delete  
NAME BORRIES, FRED JR  
STREET ADDRESS 2780 SKYPARK DR # 300  
CITY-ST-ZIP TORRENCE CA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: *Wendy Lawson* Controller 7/25/03

(310) 326-3100

Date

Daytime Phone #

CR2E034 (10/02)