

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005972

1. Entity Name  
**EMPLOYER & OCCUPATIONAL SERVICES GROUP, INC.**

Principal Place of Business Mailing Address  
153 TECHNOLOGY DRIVE 153 TECHNOLOGY DRIVE  
IRVINE CA 92618 IRVINE CA 92618

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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.

SIGNATURE *M-T Fitzpatrick* M-T. FITZPATRICK 11/9/01  
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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COSTA, MAURICE A 3400 DATA DRIVE, 3 EAST RANCHO CORDOVA CA 95670	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISHBACK, JAMES A 153 TECHNOLOGY DRIVE IRVINE CA 92618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, MICHELE A 153 TECHNOLOGY DRIVE IRVINE CA 92618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIBEL, RONALD E 153 TECHNOLOGY DRIVE IRVINE CA 92618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGGS, DAVID A 3210 CITIZEN AVENUE NORTH LAS VEGAS NV 89032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT P 3400 DATA DRIVE, 3 EAST RANCHO CORDOVA CA 95670	<input checked="" type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004694260-3 -11/27/01--01009--019 ****\$550.00 ****\$550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004694260-3 -11/27/01--01009--020 ****\$200.00 ****\$200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	351 WOODLAND DRIVE DRIFTWOOD, TX 78619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *James A Fishback* 09/28/2001 949/788-7989  
Signature and typed or printed name of signing officer, or director Date Telephone

FILED

01 OCT 31 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. FEI Number 33-0854987 Applied For Not Applicable

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

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CR2E034 (10/00)