

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006956

1. Entity Name

PROJECT CUDDLE, INC.

Principal Place of Business

2973 HARBOR BLVD., #326
COSTA MESA CA 92626

Mailing Address

2973 HARBOR BLVD., #326
COSTA MESA CA 92626

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

33-0486176

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, PATRICIA
6167 SW SECOND STREET
MARGATE FL 33068

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSLOW, CLARISSA 1037 VIA ROMALES SAN DIMAS CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINSLOW, LARRY 1037 VIA ROMALES SAN DIMAS CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZARUS, STEVEN 5900 WILSHIRE BLVD., #2600 LOS ANGELES CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURLEY, MICHAEL 12681 MONROE STREET GARDEN GROVE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, SARAH 2010 LONGWOOD LANE BLOOMINGTON IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND, JEFF 2250 BRAMBLING LANE PASADENA CA	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer = T Robert Vandieren 2231 St. Louis Ave. Signal Hill, CA 90806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheli Hinds 1711 E. Bay Ave. Newport Beach, CA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathy Vandieren 2231 St. Louis Ave. Signal Hill, CA 90806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Doran 24771 Glenwood Lake Forest, CA 92630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President = P Michael Hurley 12681 Monroe St Garden Grove, CA 92841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary = S Jeff Bond 2250 Brambling Ln. Pasadena, CA 91107	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Michael Hurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01
Date

949 366-4050
Daytime Phone #

0001633

CR2E037 (10/00)

D
Gayle L. Van Voorhis
P.O. Box 87
Colton, CA 92324

D
Dave Magnusen
1075 Corona Lane
Costa Mesa, CA 92626

Attachment
921890
F0606000696