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FILED
May 21, 2002 8:00 am
Secretary of State

02-26-2002 90021 023 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000006468**

1. Entity Name
WESTERN ESTATE SERVICES, INC.

Principal Place of Business Mailing Address
18008 SKY PARK CIRCLE #203 IRVINE CA 92614

2. Principal Place of Business 3. Mailing Address
6450 N. Wickham Rd Suite, Apt. #, etc. 106

City & State City & State
Melbourne USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
**JAMIESON, RANDY
6450 N. WICKHAM RD #108
MELBOURNE FL 32940-2038**

33-084 1185 FED
~~2357794-9~~ (FL)
DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
7. Name and Address of New Registered Agent

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 _____ DATE **02/05/02**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FISHER, MICHAEL W 18008 SKY PARK CIRCLE #203 IRVINE CA 92614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KRUSE, ROGER 18008 SKY PARK CIRCLE #203 IRVINE CA 92614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIESON, RANDY 6450 N. WICKHAM RD. #108 MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNNINGER, PATRICK 18008 SKY PARK CIRCLE #203 IRVINE CA 92614 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 W. Fisher DATE: **02/05/02** (949) 252-0019

FAX

CP2E037 (9/01)