

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000004427**

1. Entity Name

**NATIONAL FACILITIES CORP.****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90053 009 \*\*\*150.00

Principal Place of Business

C/O ANDREW L. BREECH, DEALER OPERATING  
2120 WILSHIRE BLVD., SUITE 400  
SANTA MONICA CA 90403

Mailing Address

C/O ANDREW L. BREECH, DEALER OPERATING  
2120 WILSHIRE BLVD., SUITE 400  
SANTA MONICA CA 90403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **95-1990905**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLOSSER, RICHARD A  
500 EAST KENNEDY BLVD., SUITE 200  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	BREECH, E. ROBERT JR.	2120 WILSHIRE BLVD., SUITE 400	SANTA MONICA CA				
	VSD						
	BREECH, ANDREW L	2120 WILSHIRE BLVD., SUITE 400	SANTA MONICA CA				
	TD						
	WOODS, BRIAN R	2120 WILSHIRE BLVD., SUITE 400	SANTA MONICA CA				
	VD						
	HAENSLI, RICHARD A	16191 FROST ROAD	CALDWELL ID				
	ASD						
	ARGUE, JOHN C ESQ.	801 S. FLOWER STREET	LOS ANGELES CA 90017				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian R. Woods/  
Treasurer

4/18/01

Date

(310)828-4748

Daytime Phone #

CR2E034 (10/00)