

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91499 007 ***150.00

0607445 AT

DOCUMENT # F93000004427

1. Entity Name

NATIONAL FACILITIES CORP.

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 & State

City & 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

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

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BREECH, E. ROBERT JR.	
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BREECH, ANDREW L	
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOODS, BRIAN R	
STREET ADDRESS	2120 WILSHIRE BLVD., SUITE 400	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAENSLI, RICHARD A	
STREET ADDRESS	16191 FROST ROAD	
CITY-ST-ZIP	CALDWELL ID	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ARGUE, JOHN C ESQ.	
STREET ADDRESS	801 S. FLOWER STREET	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** / **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/2002

Date

(310)828-4748

Daytime Phone #

CR2E034 (9/01)