

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9300005930

1. Corporation Name

SES PROPERTIES, INC.

Principal Place of Business Mailing Address						I (BOILES HIND IDIOS LIEN DANIE BREIT ORNE SAULI ORN	DI BING 18	1188 Tritta 8851 1831	
3085 N RAINBOW BLVD		P O BOX 34750							
LAS VEGAS NV 89108		LAS VEGAS NV 89133		DO NOT WRITE IN THIS S	PACE				
US		US	<b>&gt;</b>			3. Date Incorporated or Qualifed			
						12/29/1993		l	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	$\overline{}$	Applied For	
21 1630 Faraday Ave. 26 1630 Faraday Av			Ave.	ve		36-3409656		Not Applicable	
Suite, Apt. #; etc.						5. Certificate of Status Desired		5 Additional	
22 B 27 B						o. Carineas of Calab Scotted		Required	
City & State		City & State	·			6. Election Campaign Financing		<b>0</b> May Be	
23 Carlsb	ad, CA	Zip Carlsbad, CA Country				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	_	•		8. This corporation owes the current year Intai	ngible ∐Yes	∏No	
24 92008	25 USA	29 92008 3	o US	A_		Personal Property Tax.  10. Name and Address of New Registered A		- Airo	
	9. Name and Address of Current	Kadizra an Maur		81	Name	Italio dia ranco of the same			
PRENTICE HALL CORPORATION SYSTEM, INC.						(D.C. D. )   .   .   .   .   .   .   .   .   .			
1201 HAYS ST.				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
SUITE 105			ŀ	83			_		
TALLAHASSEE FL 32301			l				Tac   7	in Cada	
				84	City	FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the al	bove-	named c	orporation submits this statement for the purpose of c	nanging	its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was auti	nonzea	וו עסו	ne corpor	ration's board of directors. I hereby accept the appoint	ment as	registered	
	Michigan William Cooperate Springer	5116 51, Geometri 51115559, 1 1 = 11 =							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	_	Agent :	signature rec	quired when reinstating) DATE		T000 III 40	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	DC	☐ DELETĘ	1,1 TIT		- 1	DCPS	₹ Chang	Je [_] Addition	
NAME	STUNKEL, SHELDON E		1.2 NAME			Stunkel, Sheldon E			
STREET ADDRESS	3085 N RAINBOW BLVD	700 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18				1630 Faraday Ave., Ste. B		•	
C!TY-ST-ZIP	LAS VEGAS NV 89108	☐ DELETE	•	TY-ST-	ZIP	Carlsbad, CA 92008	Chang	ge Addition	
TITLE	~			-		υ	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	OTOTALE, OFFEET IN		1			Stunkel, Sally M		i	
STREET ADDRESS	- 3085 N. RAINBOW. BLVD					1630 Faraday Ave., Ste. B. Carlsbad, CA 92008			
CITY-ST-ZIP	LAS VEGAS NV 89108	12013111 00100		2.4 CITY-ST-ZIP Ca 3.1 TITLE		Callsbau, CA 92000	Chang	ge Addition	
TITLE	PDS	M OCCUTE	3.2 NA		-			, <u> </u>	
NAME	SHAPIRO, LEE A								
STREET ADDRESS	3085 N RAINBOW BLVD				ADDRESS				
CITY-ST-ZIP	LAS VEGAS NV 89018	DELETE	3.4. CITY- 4.1 TITLE		- 212	VT	XI Chanc	ge Addition	
TITLE	VT STUNKEL DODEDT V		4.1 HILE 4.2 NAME			Stunkel, Robert V		. <u> </u>	
NAME	STUNKEL, ROBERT V				ADDRESS .	1630 Faraday Ave., Ste. B			
STREET ADDRESS	3085 N RAINBOW BLVD LAS VEGAS NV 89108			TY-ST-	- 1	Carlsbad, CA 92008			
CITY-ST-ZIP TITLE	TWO AEGWO IAA GAIGO	☐ DELETE	5.1 TI		LIF		Chang	ge	
NAME		<u></u>	5.2 NA		1			•	
STREET ADDRESS		0			ADDRESS				
OTREE AUDRESS	1	//	1	TY-ST-	- 1				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

<u>SIGNATURE REQUIRED</u>

☐ DELETE

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90008 022 \*\*\*150.00

Change

Addition