

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005930

1. Entity Name

SES PROPERTIES, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90013 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1630 FARADAY AVE  
CARLSBAD CA 92008  
US

1630 FARADAY AVE  
CARLSBAD CA 92008-7313  
US

2. Principal Place of Business

3. Mailing Address

853 Via Felicidad

PO Box 2549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vista, CA

City & State

Carlsbad CA

Zip

Country

92084

USA

Zip

Country

92018

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

4. FEI Number

36-3409656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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, 2000 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  
DCPS  
STUNKEL, SHELDON E  
1630 FARADAY AVE STE. B  
CARLSBAD CA 92008 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
853 Via Felicidad  
Vista, CA 92084 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STUNKEL, SALLY M  
1630 FARADAY AVE STE B  
CARLSBAD CA 92008 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
853 Via Felicidad  
Vista, CA 92084 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
SHAPIRO, LEE A  
3085 N RAINBOW BLVD  
LAS VEGAS NV 89018 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
STUNKEL, ROBERT V  
1630 FARADAY AVE STE. B  
CARLSBAD CA 92008 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
853 Via Felicidad  
Vista, CA 92084 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)