

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000001882**

1. Entity Name

PINDLER & PINDLER, INC.

Principal Place of Business

DCOTA 1855 GRIFFIN ROAD A-118
DANIA FL 33004

Mailing Address

11910 POINDEXTER AVE
MOORPARK CA 93021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-1851466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGUEDA, SABRINA AUGUST SOLARI
1855 GRIFFIN ROAD A-118
DANIA FL 33004

7. Name and Address of New Registered Agent

Name

AUGUST SOLARI

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PC** Delete
NAME **PINDLER, CURT R.**
STREET ADDRESS **2411 STAFFORD RD.**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE **EVP** Delete
NAME **CRAWFORD, S. JR.**
STREET ADDRESS **1492 LA CULEBRA CIRCLE**
CITY-ST-ZIP **CAMARILLA CA**

TITLE **S** Delete
NAME **BARBARA BICK**
STREET ADDRESS **11872 EMILIO CT**
CITY-ST-ZIP **MOORPARK CA 93021**

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

TITLE Delete
NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

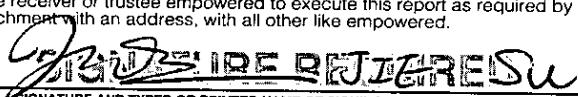
TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

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

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
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

7/10/02 (805) 531-9090
Daytime Phone #