FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90426 037 ***150.00

DOCUMENT # F95000000628

1. Entity Name
Flour Facility & Plant Services ✓
~~Facility & Plant Services, Inc~~ N/C AM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE ENTERPRISE DR.	ONE ENTERPRISE DR
Suite, Apt. #, etc. F2B	Suite, Apt. #, etc. F2B
City & State ALISO VIEJO, CA	City & State ALISO VIEJO, CA
Zip 92656 Country US	Zip 92656 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0797431 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name NRAI

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

526 EAST PARK AVE

City TALLAHASSEE **FL** Zip Code 32301

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D.E. CONSTABLE ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO D.M. STEUERT ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT S.F. HULL ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR L.N. FISHER ONE ENTERPRISE DR ALISO VIEJO, CA 92656
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ M.C. TSENG 4-3-02 949-349-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #