

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90063 030 ***150.00

DOCUMENT # F95000002588

1. Entity Name

THE DESIGNORY, INC.

Principal Place of Business

Mailing Address

211 E. OCEAN BLVD.
STE 100
LONG BEACH CA 90802-4809
US

211 E OCEAN BLVD
STE 100
LONG BEACH CA 90802-4850
US

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 **95-2795651**

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

HKES&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR.
SUITE 600
MIAMI FL 33133

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, 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 ☐ Delete
NAME **TSD**
STREET ADDRESS **RADIGAN, MATTHEW**
CITY-ST-ZIP **229 SAINT JOSEPH AVE**
LONG BEACH CA 90803

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **HARRISON, THOMAS L.**
CITY-ST-ZIP **36 WHIPPOORWILL**
ARMONK, NY 10504

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **FULLER, JOEL**
CITY-ST-ZIP **3620 SOLANO RD**
MIAMI FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **WAGNER, BARRY J.**
CITY-ST-ZIP **58 BOUTON ROAD**
SOUTH SALEM, NY 10509

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **SALVADOR, MERAZ**
CITY-ST-ZIP **19202 FAIRHAVEN EXT**
SANTA ANA CA 92705

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **WATSON, THOMAS**
CITY-ST-ZIP **157 SPRING ST.**
NEW YOR, NY 10012

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **TANCHUM, LANNON**
CITY-ST-ZIP **6231 MONERO DR**
RANCHO PALOS VERDES CA

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **RADIGAN, MATTHEW B.**
CITY-ST-ZIP **229 SAINT JOSEPH AVE.**
LONG BEACH, CA 90803

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **HORMAN, STEVE**
CITY-ST-ZIP **4020 VIA OPATA**
PALOS VERDES CA

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ALMQUIST, DAVID J.**
CITY-ST-ZIP **120 MALLARD RD.**
HAILEY, ID 83333

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **TANCHUM, LANNON**
CITY-ST-ZIP **5231 MONERO DR**
RANCHO PALOS VERDES CA

TITLE ☒ Change ☐ Addition
NAME **M**
STREET ADDRESS **HORMAN, STEVE**
CITY-ST-ZIP **4020 VIA OPATA**
PALOS VERDES, CA

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: *Matthew B. Radigan* **CFD: MATTHEW B. RADIGAN** 5/1/00 562-432-5707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002588

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THE DESIGNORY, INC.

SUPPLEMENTAL SHEET

Attachment
00097334

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Mailing Address

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RADIGAN, MATTHEW 229 SAINT JOSEPH AVE LONGBEACH CA 90803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TANCHUM, LANNON 6231 MONERO DR. RANCHO PALOS VERDES, CA 90274	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLER, JOEL 3620 SOLANO RD MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULLER, JOEL 3620 SOLANA RD. MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALVADOR, MERAZ 19202 FAIRHAVEN EXT SANTA ANA CA 92705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, TRACY 1450 MORNINGSIDE DR. LAGUNA BEACH, CA 92651	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANCHUM, LANNON 6231 MONERO DR RANCHO PALOS VERDES CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONKLIN, RICH 356 CLAIREMONT AVE. LONG BEACH, CA 90803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORMAN, STEVE 4020 VIA OPATA PALOS VERDES CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, JANET 1206 MORNINGSIDE DR. LAGUNA BEACH, CA 92651	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANCHUM, LANNON 5231 MONERO DR RANCHO PALOS VERDES CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFO MATTHEW B. RADIGAN 5/1/00 562-432-5107