

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90005 014 \*\*\*550.00

**DOCUMENT # F95000004117**

1. Entity Name

**IMPERIAL BUSINESS CREDIT, INC.**

Principal Place of Business

**16935 WEST BERNARDO DRIVE  
 STE. 150  
 SAN DIEGO CA 92127  
 US**

Mailing Address

**16935 WEST BERNARDO DRIVE  
 STE. 150  
 SAN DIEGO CA 92127  
 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 **33-0664339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARACORP INCORPORATED  
 236 EAST 6TH AVENUE  
 TALLAHASSEE FL 32303**

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SNAVELY, H. WAYNE</b>	
STREET ADDRESS	<b>23550 HAWTHORNE BLVD., BLDG. 1, STE. 110</b>	
CITY-ST-ZIP	<b>TORRANCE CA</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLER, KEN</b>	
STREET ADDRESS	<b>169 W BERNARDO DR STE 150</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92127</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REED, JOHN</b>	
STREET ADDRESS	<b>16935 W BERNARDO DR #150</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PLANTIKO, BRAD</b>	
STREET ADDRESS	<b>23550 HAWTHORNE BLVD BLDG 1 STE 100</b>	
CITY-ST-ZIP	<b>TORRANCE CA 90550</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EILEEN RUBINS</b>	
STREET ADDRESS	<b>23550 HAWTHORNE BLVD, Bldg 1, Ste 200</b>	
CITY-ST-ZIP	<b>TORRANCE CA 90550</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDOLF GONZALEZ</b>	
STREET ADDRESS	<b>23550 HAWTHORNE BLVD, Bldg 1, Ste 200</b>	
CITY-ST-ZIP	<b>TORRANCE CA 90550</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 REQUIRED** John A. Reed

7/15/02

858-675-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #