

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90100 017 ***150.00

DOCUMENT # F96000002947

1. Entity Name

MOMENTUM TEXTILES INC.

Principal Place of Business
17801 FITCH ST
IRVINE CA 92714

Mailing Address
17801 FITCH ST
IRVINE CA 92714

907434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0580411**

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DCP	<input type="checkbox"/> Delete
NAME	WILKINSON, JOHN B	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	WILKINSON, JOHN B	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DEHAVEN, JOANNE F	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEHAVEN, JOANNE F	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GOWDY, KATHLEEN M	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ARCINIEGA, ROGER G	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92714	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	CA. 92614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	CA. 92614	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRAO, JOANNE F	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRAO, JOANNE F	
STREET ADDRESS	17801 FITCH ST	
CITY-ST-ZIP	IRVINE, CA 92614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	CA 92614	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	CA 92614	

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

1-25-2000 949-833-8886

Date

Daytime Phone #