

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005365

1. Entity Name

CORICO OFFICE PROFESSIONALS, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90182 017 \*\*\*150.00

Principal Place of Business

Mailing Address

3353 MICHELSON DR  
551M  
IRVINE CA 92698  
US

3353 MICHELSON DR  
551M  
IRVINE CA 92612-0650  
US

2. Principal Place of Business

3. Mailing Address

ONE ENTERPRISE DRIVE

ONE ENTERPRISE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F2B

F2B

City & State

City & State

ALISO VIEJO CA

ALISO VIEJO CA

Zip

Country

92656

US

Zip

Country

92656-2606

US

4. FEI Number

02-0419376

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALL. FL 32301

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	P	<input type="checkbox"/> Delete
NAME	TILLER, J V	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	TILLER, J V	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, N. S	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HULL, S F	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DR	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, T H	
STREET ADDRESS	3353 MICHELSON DR 551M	
CITY-ST-ZIP	IRVINE CA	

TITLE	P/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUBBS, W. J.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

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:

T.H. MORROW, ASST. TREASURER

2/15/2000

(949) 349-4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)