

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000159

1. Entity Name
CONTINENTAL PROTECTION SERVICES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90292 035 ***150.00

Principal Place of Business 21062 BROOKHURST SUITE 203 HUNTINGTON BEACH CA 92646	Mailing Address PO BOX 7901 HUNTINGTON BEACH CA 92615-7901 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

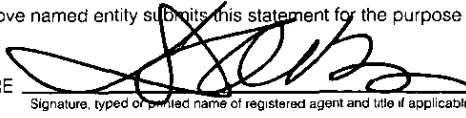


DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0730273		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. Name and Address of New Registered Agent	
		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.

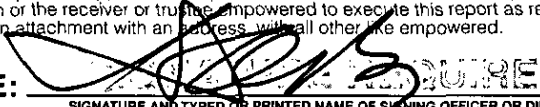
SIGNATURE  DATE **4/18/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, ROBERT 21062 BROOKHURST SUITE 203 HUNTINGTON BEACH CA 92646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BEERBOWER, DEAN A 21062 BROOKHURST SUITE 203 HUNTINGTON BEACH CA 92646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, GREGORY K 21062 BROOKHURST SUITE 203 HUNTINGTON BEACH CA 92646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALVERSON, ARTHUR J 1495 LOCH HAVEN LANE HADEN LAKE ID 83835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/18/2000** **214968-1245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Include These Schedules With Your Tax Return

Name: Continental Protection Serv. Inc.

FEIN

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33-0730273

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00090176

DR-601CS
R. 01/00

Schedule B		Loans and Notes Receivable	Total Taxable Amount January 1, 2000
Loans Receivable			
Notes Receivable			
Other			
17.	Total of Schedule B (Enter on Schedule A, Line 2.)		17. None

Schedule C		Bonds				
Name of Issuer, Series (List Alphabetically — One Bond Per Line) (A)	Face Value Per Bond (B)	Interest Rate (C)	Maturity Date (D)	Number Owned (E)	Per \$100.00 Value (F)	Total Taxable Amount January 1, 2000 (G)
Example: X,Y,Z Corporation	50	7%	2020	50	100.1420	(B) X (E) + 100 X (F) = \$2,503.55
18.	Total of Schedule C (Enter on Schedule A, Line 3.)					18. None

Include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required information is listed and the totals are transferred to the appropriate schedule(s).