FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F9700000159 CONTINENTAL PROTECTION SERVICES, INC. 01-30-2001 90046 011 \*\*\*150.00 Principal Place of Business Mailing Address 21062 BROOKHURST SUITE 203 PO BOX 7901 HUNTINGTON BEACH CA 92646 **HUNTINGTON BEACH CA 92615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-0730273 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Addition TITI F ☐ Delete TITLE is Auso The HILL. ROBERT NAME Secketan 21062 BROOKHURST SUITE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON BEACH CA 92646** Change ☐ Addition Delete TITLE TITLE BEERBOWER, DEAN A NAME NAME 21062 BROOKHURST SUITE 203 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **HUNTINGTON BEACH CA 92646** Change ☐ Addition X Delete TITLE TITLE MITCHELL, GREGORY K NAME NAME 21062 BROOKHURST SUITE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUNTINGTON BEACH CA 92646** Addition TITLE 🔀 Delete TITLE ☐ Change HALVERSON, ARTHUR J NAME NAME 1495 LOCH HAVEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HADEN LAKE ID 83835 CITY-ST-ZIP DIREC FOR ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.