

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005043

1. Entity Name
B D SYSTEMS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90226 035 ***150.00

Principal Place of Business Mailing Address
385 VAN NESS AVENUE **385 VAN NESS AVENUE**
TORRANCE CA 90509-2707 **TORRANCE CA 90501-7226**
US **US**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **95-3675882** 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

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

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	V	<input type="checkbox"/> Delete
NAME	SOKOLOW, LOREN L	
STREET ADDRESS	385 VAN NESS AVE., SUITE 200	
CITY-ST-ZIP	TORRANCE CA 90501	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, DONIVAN R	
STREET ADDRESS	385 VAN NESS AVE., SUITE 200	
CITY-ST-ZIP	TORRANCE CA 90501	
TITLE	STD	<input type="checkbox"/> Delete
NAME	URSETTIE JR, HOWARD J	
STREET ADDRESS	385 VAN NESS AVE., STE 200	
CITY-ST-ZIP	TORRANCE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLORY, WEBSTER	
STREET ADDRESS	385 VAN NESS AVE., STE 200	
CITY-ST-ZIP	TORRANCE CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEER, KIRK D	
STREET ADDRESS	385 VAN NESS AVE STE 200	
CITY-ST-ZIP	TORRANCE CA 90509-2707	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	HOWARD, CLARISA F	
STREET ADDRESS	385 VAN NESS AVE., STE 200	
CITY-ST-ZIP	TORRANCE CA 90509-2707	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)