

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002417

1. Entity Name
CROWN BOLT, INC. ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90095 001 ***550.00

Principal Place of Business
16010 BLOOMFIELD AVE.
CERRITOS CA 90703

Mailing Address
16010 BLOOMFIELD AVE.
CERRITOS CA 90703

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3636854**

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete

NAME **P**
TACCOLINI, RAYMOND
STREET ADDRESS **16010 BLOOMFIELD AVE.**
CITY-ST-ZIP **CERRITOS CA 90703**

TITLE ☐ Delete

NAME **S**
ELLIOTT, JAMES
STREET ADDRESS **16010 BLOOMFIELD AVE.**
CITY-ST-ZIP **CERRITOS CA 90703**

TITLE ☐ Delete

NAME **"D" - EADINGTON, GEORGE**
STREET ADDRESS **3501 JAMBOREE Rd. SO. TOWER**
CITY-ST-ZIP **NEWPORT BCH, CA 92660 #600**

TITLE ☐ Delete

NAME **"D" - T. SCOTT KING**
STREET ADDRESS **4100 HOLIDAY ST. N.W.**
CITY-ST-ZIP **CANTON, OH 44718**

TITLE ☐ Delete

NAME **"D" - KUPPINGER, ROGER**
STREET ADDRESS **A67 SURFSIDE AVE**
CITY-ST-ZIP **SURFSIDE, CA 90743**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

JAMES ELLIOTT

Date

Daytime Phone #

(562) 464-0440

CR2E034 (5/00)