

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90140 030 \*\*\*550.00

**DOCUMENT # F98000002417**

1. Entity Name  
**CROWN BOLT, INC.**

Principal Place of Business  
**16010 BLOOMFIELD AVE.**  
**CERRITOS CA 90703**

Mailing Address  
**16010 BLOOMFIELD AVE.**  
**CERRITOS CA 90703**

2. Principal Place of Business

**26940 Laguna Hills Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**26940 Laguna Hills Drive**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Aliso Viejo, CA**

City & State  
**Aliso Viejo, CA**

4. FEI Number **95-3636854**

Applied For  
 Not Applicable

Zip **92656**

Country **USA**

Zip **92656**

Country **USA**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME **P**  
 STREET ADDRESS **Taccolini, Raymond**  
 CITY-ST-ZIP **26940 Laguna Hills Drive**  
**Aliso Viejo, CA 92656**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **EADINGTON, GEORGE**  
 CITY-ST-ZIP **3501 JAMBOREE RD S TOWER**  
**NEWPORT BEACH CA 92660**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **Eadington, George**  
 CITY-ST-ZIP **P.O. Box 9408**  
**Newport Beach, CA 92658**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **KING, T**  
 CITY-ST-ZIP **4100 HOLIDAY ST NW**  
**CANTON OH 44718**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Wearner, Robert**  
 CITY-ST-ZIP **26940 Laguna Hills Drive**  
**Aliso Viejo, CA 92656**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **KUPPINGER, ROGER**  
 CITY-ST-ZIP **467 SURFSIDE AVE**  
**SURFSIDE CA 90743**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-02**

Date

Daytime Phone #

CR2E034 (4/02)