

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90119 040 ***150.00

DOCUMENT # F98000005794



1. Entity Name
AMERICAN RECOVERY SERVICE INCORPORATED OF CALIFORNIA

Principal Place of Business
**4555 ST CHARLES DRIVE
STE 100
THOUSAND OAKS CA 91360**

Mailing Address
**4555 ST CHARLES DRIVE
STE 100
THOUSAND OAKS CA 91360**

2. Principal Place of Business
555 St. Charles Drive

3. Mailing Address
555 St. Charles Drive

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Thousand Oaks, CA

City & State
Thousand Oaks, CA

Zip Country
91360 USA

Zip Country
91360 USA

4. FEI Number
95-4080279

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC.
526 E PARK AVE
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** ☐ Delete
NAME **BAXTER, THOMAS C**
STREET ADDRESS **555 STREET CHARLES DRIVE**
CITY-ST-ZIP **THOUSAND OAKS CA 91360**

TITLE **C/P/D** ☒ Change ☐ Addition
NAME **Baxter, Thomas C**
STREET ADDRESS **555 St. Charles Drive Ste 100**
CITY-ST-ZIP **Thousand Oaks, CA 91360**

TITLE **WST** ☐ Delete
NAME **BERKE, MICHAEL N**
STREET ADDRESS **555 ST CHARLES DR STE 100**
CITY-ST-ZIP **THOUSAND OAKS CA 91360**

TITLE **V/S/T/D** ☒ Change ☐ Addition
NAME **Berke, Michael N**
STREET ADDRESS **555 St. Charles Dr Ste 100**
CITY-ST-ZIP **Thousand Oak, sCA 91360**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas C. Baxter**

01/27/03

805-379-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)