

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90002 037 ***550.00

DOCUMENT # F99000003867

1. Entity Name

ACCO ENGINEERS & CONTRACTORS, INC.

Principal Place of Business

**6265 SAN FERNANDO RAOD
 GLENDALE CA 91204**

Mailing Address

**6265 SAN FERNANDO RAOD
 GLENDALE CA 91204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-1625123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 12, 2001 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 **C** ☐ Delete
 NAME **SEIDMAN, THEODORE M**
 STREET ADDRESS **343 VETERAN AVE.**
 CITY-ST-ZIP **LOS ANGELES CA 90024**

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

TITLE **P** ☐ Delete
 NAME **AVERSANO, JOHN**
 STREET ADDRESS **11960 VARA PLACE**
 CITY-ST-ZIP **GRANADA HILLS CA 91344**

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

TITLE **AS** ☐ Delete
 NAME **ARMANN, STEVEN R**
 STREET ADDRESS **17222 S.E. 329TH ST.**
 CITY-ST-ZIP **AUBURN WA 98092**

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

TITLE **V** ☐ Delete
 NAME **BERNARD, JON M**
 STREET ADDRESS **602 WATERBURY LANE**
 CITY-ST-ZIP **FOSTER CITY CA 94404**

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

TITLE **TAS** ☐ Delete
 NAME **BROWN, ROBERT A**
 STREET ADDRESS **6146 TAPIA DRIVE**
 CITY-ST-ZIP **MALIBU CA 90265**

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

TITLE **V** ☐ Delete
 NAME **GOODMAN, MILTON L**
 STREET ADDRESS **28852 N. PEPPER PLACE**
 CITY-ST-ZIP **SANTA CLARITA CA 91350**

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 another like empowered.

SIGNATURE:

ROBERT A. BROWN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. BROWN

8/20/01

818-244-6571

Date

Daytime Phone #

CR2E034 (5/01)