

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90216 049 ***150.00

0670255 AB

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

☐ CHECK HERE IF MAKING CHANGES

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. 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

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

TITLE
NAME **C** ☐ Change ☒ Addition
DONALD S. HUFF
STREET ADDRESS
CITY-ST-ZIP **216 RIDGE TRAIL ROAD**
BOZEMAN, MT 59715

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

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

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

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

TITLE
NAME **AS** ☐ Delete
HITZEMANN, DOUGLAS R
STREET ADDRESS
CITY-ST-ZIP **7183 SAPPADA PLACE**
ALTA LOMA CA 91701

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

818-244-6571

Daytime Phone #

CR2E034 (10/02)