

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90166 024 ***150.00

DOCUMENT # F99000005157

1. Entity Name
9008 GROUP, INCORPORATED

Principal Place of Business

5334 TORRANCE BLVD
TORRANCE CA 90503

Mailing Address

P.O. BOX 29048
GLENDALE CA 91209-9048

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

95-3278704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PALMER, DOUG
277 DOUGLAS AVENUE, SUITE 100
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

ANNA CHADWICK
 Street Address (P.O. Box Number is Not Acceptable)

2000 MONTANA AVENUE

City

ST. PETERSBURG

FL

Zip Code

33703

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

1/9/02

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 \$150.00

After May 1, 2002 Fee will be \$550.00
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 **CP**
HOWROYD, JANICE B
 STREET ADDRESS **5334 TORRANCE BLVD.**
 CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Delete

NAME **VCVT**
BRYANT, CARLTON
 STREET ADDRESS **5334 TORRANCE BLVD.**
 CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Delete

NAME **S**
BRYANT, TINA
 STREET ADDRESS **5334 TORRANCE BLVD.**
 CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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NAME
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 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 as of the date of filing; 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 the corporation.

SIGNATURE:

JANICE BRYANT-HOWROYD
JANICE BRYANT-HOWROYD / COO (818) 240-8688

SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)