

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64252

1. Entity Name

THE ADMAR GROUP, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90011 025 \*\*\*158.75

Principal Place of Business

1551 N. TUSTIN  
300  
SANTA ANA CA 92701  
US

Mailing Address

1551 N. TUSTIN  
300  
SANTA AUSTIN CA 92701  
US

00004027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2579295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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.

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 \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BOYSEN, KRAIG A  
STREET ADDRESS 711 HIGH ST  
CITY-ST-ZIP DES MOINES IA 50392 ☐ Delete

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

TITLE D  
NAME GRAF, THOMAS J  
STREET ADDRESS 711 HIGH ST.  
CITY-ST-ZIP DES MOINES IA 50392 ☒ Delete

TITLE Director  
NAME WHITTY, STEVEN C.  
STREET ADDRESS 711 High Street  
CITY-ST-ZIP Des Moines, IA 50392 ☐ Change ☒ Addition

TITLE VPD  
NAME CAIN, GARY M  
STREET ADDRESS 711 HIGH STREET  
CITY-ST-ZIP DES MOINES IA 50392 ☐ Delete

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

TITLE S  
NAME PASCUAL, VIRGINIA  
STREET ADDRESS 1551 N. TUSTIN #300  
CITY-ST-ZIP SANTA ANA CA ☐ Delete

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

TITLE T  
NAME EVANS, EDWARD  
STREET ADDRESS 1551 N. TUSTIN #300  
CITY-ST-ZIP SANTA ANA CA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Pascual

Date

714-480-4109

Daytime Phone #

0632153

CR2E034 (10/00)