

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90011 016 ***550.00

DOCUMENT # P04242

1. Entity Name
WEB SERVICE COMPANY, INC., OF CALIFORNIA



Principal Place of Business
**3690 REDONDO BEACH AVENUE
REDONDO BEACH CA 90278-1165
US**

Mailing Address
**3690 REDONDO BEACH AVENUE
REDONDO BEACH CA 90278-1165
US**

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 **95-1776017**

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

**CT CORPORATION SYSTEM
1200 S. 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. 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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	BLOOMFIELD, WILLIAM E JR	
STREET ADDRESS	3690 REDONDO BCH AVE	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLOOMFIELD, MARGARET M.	
STREET ADDRESS	3690 REDONDO BCH AVE	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BLOOMFIELD, WILLIAM E.	
STREET ADDRESS	3690 REDONDO BCH AVE	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	REYNOLDS, HERBERT E.	
STREET ADDRESS	3690 REDONDO BCH AVE	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HUNTER, JOANNE B.	
STREET ADDRESS	3690 REDONDO BCH AVE	
CITY-ST-ZIP	REDONDO BEACH CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNTER, JAMES L	
STREET ADDRESS	3690 REDONDO BCH AVE	
CITY-ST-ZIP	REDONDO BCH CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/03 (310) 297-9483

Date

Daytime Phone #

CR2E034 (10/02)