

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90084 044 \*\*\*550.00

**DOCUMENT # P20266**

1. Entity Name  
**SCS FIELD SERVICES, INC.**

Principal Place of Business  
**4014 LONG BEACH BOULEVARD**  
**SUITE #300**  
**LONG BEACH CA 90807-2407**

Mailing Address  
**3711 LONG BEACH BLVD.**  
**900**  
**LONG BEACH CA 90807**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0149140**

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

**GARDNER, ROBERT**  
**3012 US HWY 301 N**  
**SUITE 700**  
**TAMPA FL 33619**

## 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

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 13, 2002 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 **CD** ☐ Delete  
 NAME **STEARNS, ROBERT P.**  
 STREET ADDRESS **13600 MARINA POINTE DR., #1603**  
 CITY-ST-ZIP **MARINA DEL REY CA 90292**

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

TITLE **T** ☐ Delete  
 NAME **SCHUBERT, WILLIAM L.**  
 STREET ADDRESS **29 SHOOTING STAR**  
 CITY-ST-ZIP **IRVINE CA**

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

TITLE **PD** ☐ Delete  
 NAME **PETOYAN, GALEN S.**  
 STREET ADDRESS **19250 LOS ALIMOS STREET**  
 CITY-ST-ZIP **NORTHBRIDGE CA**

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

TITLE **D** ☐ Delete  
 NAME **CONRAD, E. TOM**  
 STREET ADDRESS **2014 CHADDS FORD DR.**  
 CITY-ST-ZIP **RESTON VA**

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

TITLE **S** ☐ Delete  
 NAME **SCHLOTFELDT, KAY A.**  
 STREET ADDRESS **8844 GREENWOOD AVENUE**  
 CITY-ST-ZIP **SAN GABRIEL CA**

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

TITLE **VD** ☐ Delete  
 NAME **BARHAM, THOMAS W.A.**  
 STREET ADDRESS **9009 COLESBURY PLACE**  
 CITY-ST-ZIP **FAIRFAX VA 22031**

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 all other like empowered.

SIGNATURE:

*William L. Schubert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP - 6 2002

Date

Daytime Phone #

CR2E034 (4/02)