

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31348

1. Entity Name

ARAGON FINANCIAL SERVICES, INC.

FILED

00 JAN 22 AM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

555 POINTE DRIVE  
BLDG. 3, SUITE 204  
BREA CA 92821

555 POINTE DRIVE  
BLDG. 3, SUITE 204  
BREA CA 92821-3651

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

74-2305710

Applied For

Not Applicable

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

MCCONNELL, LEWIS  
1640 SW 67TH AVE  
PLANTATION FL 33317

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, 2000 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 CPS ☐ Delete  
NAME LISH, DOUGLAS L  
STREET ADDRESS 7316 AVENIDA JUAREZ  
CITY-ST-ZIP ANAHEIM CA

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

TITLE VCT ☐ Delete  
NAME MYER, ROBERT  
STREET ADDRESS 10222 PINEHURST DR.  
CITY-ST-ZIP AUSTIN TX

TITLE D ☒ Change ☐ Addition  
NAME MYER, ROBERT  
STREET ADDRESS 10222 PINEHURST DR.  
CITY-ST-ZIP AUSTIN TX

TITLE D ☐ Delete  
NAME TEDROW, PAT  
STREET ADDRESS 3755 CAPITAL TX HWY S, SUITE 300  
CITY-ST-ZIP AUSTIN TX 78704

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

TITLE CS ☐ Delete  
NAME ANANEA, LINDA M  
STREET ADDRESS 555 POINTE DR., BLDG 3, SUITE 204  
CITY-ST-ZIP BREA CA 92821

TITLE VDS ☒ Change ☐ Addition  
NAME ANANEA, LINDA M  
STREET ADDRESS 555 POINTE DR., BLDG3.SUITE 204  
CITY-ST-ZIP BREA CA 92821

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS L. LISH

01/12/2000

(714)257-2266

Date

Daytime Phone

CR2E034 (9/99)

3/1