

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31348

1. Entity Name

ARAGON FINANCIAL SERVICES, INC.

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90123 001 \*\*\*150.00

02-09-2001 90123 002 \*\*\*\*\*8.75

Principal Place of Business

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

Mailing Address

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

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, 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	CPS	<input checked="" type="checkbox"/> Delete
NAME	LISH, DOUGLAS L.	
STREET ADDRESS	7316 AVENIDA JUAREZ	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, ROBERT	
STREET ADDRESS	10222 PINEHURST DR.	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEDROW, PAT	
STREET ADDRESS	3755 CAPITAL TX HWY S, SUITE 300	
CITY-ST-ZIP	AUSTIN TX 78704	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	ANANEA, LINDA M	
STREET ADDRESS	555 POINTE DR., BLDG 3. SUITE 204	
CITY-ST-ZIP	BREA CA 92821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Edgar	
STREET ADDRESS	1701 Directors Blvd. STE250	
CITY-ST-ZIP	Austin, TX 78744	
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		

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: *Linda M. Ananea*

Linda M. Ananea

02/02/01

(714) 257-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)