

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40265

1. Entity Name

NORFOLK MAINTENANCE CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 013 ***150.00

Principal Place of Business

Mailing Address

3353 MICHELSON DR.
551M
IRVINE CA 92730
US

3353 MICHELSON DR.
551M
IRVINE CA 92612-0650
US

2. Principal Place of Business

3. Mailing Address

ONE ENTERPRISE DR.

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F2B

F2B

City & State

City & State

ALISO VIEJO CA

ALISO VIEJO CA

Zip

Country

92656

US

Zip

Country

92656-2606

US

4. FEI Number

33-0527951

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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	P	<input type="checkbox"/> Delete
NAME	STEIN, J.C.	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURDOCK, D.M.	
STREET ADDRESS	100 FLOUR DANIEL DR.	
CITY-ST-ZIP	GREENSVILLE SC	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, T H	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFD	
STREET ADDRESS	HAKKE, R.F.	
CITY-ST-ZIP	ONE ENTERPRISE DR.	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALISO VIEJO CA 92656	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VT	
STREET ADDRESS	HULL, S.F.	
CITY-ST-ZIP	ONE ENTERPRISE DR.	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALISO VIEJO CA 92656	
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:

T.H. MORROW

T.H. MORROW, ASST. TREASURER

2/15/2000

(949) 349-4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)