

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000080397**

1. Entity Name

STATEWIDE RESEARCH, INC.**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90112 050 ***158.75

Principal Place of Business

1100 N.W. 58TH COURT
LAKES FL 33014

Mailing Address

17911 VON KARMAN AVE
STE #300
IRVINE CA 92614-6262
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0703348

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STAKER, KARLA J ESQ.
% FIDELITY NATIONAL TITLE INSURANCE CO.
901 N. LAKE DESTINY DRIVE, SUITE 395
MAITLAND FL 32751

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WALLACE, TYSON**
CITY-ST-ZIP **901 N. LAKE DESTINY DRIVE, #395**
MAITLAND FL 32751TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MORAN, JIM**
CITY-ST-ZIP **14100 N.W. 58TH COURT**
MIAMI LAKES FL 33014TITLE ☐ Delete
NAME **SVP**
STREET ADDRESS **SIMONTON, TOM**
CITY-ST-ZIP **14100 NW 58TH COURT**
MIAMI LAKES FLTITLE ☐ Delete
NAME **CFO**
STREET ADDRESS **STINSON, ALAN L**
CITY-ST-ZIP **3916 STATE STREET, SUITE 300**
SANTA BARBARA CA 93105TITLE ☐ Delete
NAME **S**
STREET ADDRESS **KANE, M'LISS J**
CITY-ST-ZIP **17911 VON KARMAN AVE, #300**
IRVINE CATITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **M'LISS J Kane - Secretary** 3/15/00 (949)622-4326

Date

Daytime Phone #

C/F (E034 19/99)