

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90107 018 \*\*\*150.00

0670298 AB

**DOCUMENT # 423558**

1. Entity Name  
**EARL SCHEIB OF FLORIDA, INC.**



Principal Place of Business  
15206 VENTURA BLVD.  
SUITE 200  
SHERMAN OAKS CA 91403

Mailing Address  
15206 VENTURA BLVD.  
SUITE 200  
SHERMAN OAKS CA 91403

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 **95-2814902** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDCE**  Delete  
NAME **BEMENT, CHRISTIAN K**  
STREET ADDRESS **8737 WILSHIRE BLVD**  
CITY-ST-ZIP **BEVERLY HILLS CA 90211**

TITLE **PDCE**  Change  Addition  
NAME **BEMENT, CHRISTIAN K**  
STREET ADDRESS **15206 VENTURA BLVD., STE 200**  
CITY-ST-ZIP **SHERMAN OAKS, CA 91403**

TITLE **VSD**  Delete  
NAME **SUNKIN, DAVID I**  
STREET ADDRESS **8737 WILSHIRE BLVD**  
CITY-ST-ZIP **BEVERLY HILLS CA**

TITLE **D**  Change  Addition  
NAME **SUNKIN, DAVID I**  
STREET ADDRESS **15206 VENTURA BLVD., STE 200**  
CITY-ST-ZIP **SHERMAN OAKS, CA 91403**

TITLE **VP**  Delete  
NAME **BARRANTES, CHARLES E**  
STREET ADDRESS **8737 WILSHIRE BLVD.**  
CITY-ST-ZIP **BEVERLY HILLS CA 90211**

TITLE **VP**  Change  Addition  
NAME **SMITH, JAMES E**  
STREET ADDRESS **15206 VENTURA BLVD., STE 200**  
CITY-ST-ZIP **SHERMAN OAKS, CA 91403**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CORPORATE SECRETARY, TREASURER**  Change  Addition  
NAME **FLOOD, THOMAS G**  
STREET ADDRESS **15206 VENTURA BLVD., STE 200**  
CITY-ST-ZIP **SHERMAN OAKS, CA 91403**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Thomas G. Flood*  
**THOMAS G. FLOOD - CORPORATE SECRETARY, TREASURER**

04-11-03 (818)981-9992

Date Daytime Phone #

CR2E034 (10/02)