


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90275 019 ***150.00

DOCUMENT # F01000003285

1. Entity Name
KEENAN, HOPKINS, SUDER & STOWELL CONTRACTORS, INC.



Principal Place of Business
**301 EAST CLARK AVENUE, SUITE 700
LAS VEGAS NV 89101**

Mailing Address
**301 EAST CLARK AVENUE, SUITE 700
LAS VEGAS NV 89101**

2. Principal Place of Business
4992 East Hunter Avenue
Suite, Apt. #, etc.

3. Mailing Address
4992 East Hunter Avenue
Suite, Apt. #, etc.

City & State
Anaheim, CA

City & State
Anaheim, CA

4. FEI Number **58-2279196** 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
**GORDON, BRUCE H ESQ.
101 E. KENNEDY BLVD., SUITE 2800
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUDER, DAVID P. 301 EAST CLARK AVENUE, SUITE 700 LAS VEGAS NV 89101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JEFFREY A 301 EAST CLARK AVENUE, SUITE 700 LAS VEGAS NV 89101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEENAN, MARK A 3919 RIGA BLVD. TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOWELL, DAVID A 3919 RIGA BLVD. TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JEFFREY A 4992 E. HUNTER AVE. ANAHEIM CA 92807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERNE, PHILIP 4992 E. HUNTER AVE. ANAHEIM CA 92807	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Suder, David P. 4992 East Hunter Avenue Anaheim, CA 92807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Miller, Jeffrey A. 4992 East Hunter Avenue Anaheim, CA 92807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Knutson, Rory J. 4992 East Hunter Avenue Anaheim, CA 92807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Stowell, David A. 3919 Riga Boulevard Tampa, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Reinking, Jeffrey F. 4992 East Hunter Avenue Anaheim, CA 92807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cherne, Philip E. 4992 East Hunter Avenue Anaheim, CA 92807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David P. Suder* **REQUIRED** David P. Suder February 4, 2003 (714) 695-3670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)