2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am § Secretary of State DOCUMENT # 838040 1. Entity Name SANDY & BABCOCK INC 05-17-2002 90008 004 ***150.00 Principal Place of Business Mailing Address 1349 LARKIN ST. 1349 LARKIN ST. SAN FRANCISCO CA 94109 SAN FRANCISCO CA 94109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-1723964 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 15. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition Sethi, Devander 7995 \$5.W. 147thst. NAME SANDY, DONALD, JR NAME STREET ADDRESS 16 DAVID COURT STREET ADDRESS CITY-ST-ZIP SAN RAFAEL CA CITY-ST-ZIP ami FL 33158 TITLE ĎΡ ☐ Delete TITLE Addition ee scott A. NAME ELLER, JOHN F NAME STREET ADDRESS 317 KNIGHT DR STREET ADDRESS CITY-ST-7IP SAN RAFAEL CA Francisco, CA 94107 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME RICHARD GRAHAM NAME STREET ADDRESS 2727 SW 26TH AVE STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

☐ Addition