

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90381 019 ***150.00

DOCUMENT # 838040

1. Entity Name
SANDY & BABCOCK INC



Principal Place of Business
**1349 LARKIN ST.
SAN FRANCISCO CA 94109
US**

Mailing Address
**1349 LARKIN ST.
SAN FRANCISCO CA 94109
US**



2. Principal Place of Business

One Beach Street

3. Mailing Address

One Beach Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

San Francisco, CA

San Francisco, CA

Zip

Country

Zip

Country

94133

USA

94133

USA

4. FEI Number **94-1723964**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **DP** ☐ Delete
NAME **ELLER, JOHN F**
STREET ADDRESS **317 KNIGHT DR**
CITY-ST-ZIP **SAN RAFAEL CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **RICHARD GRAHAM**
STREET ADDRESS **2727 SW 26TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DERANDER, SETHI**
STREET ADDRESS **7995 S.W. 147TH ST.**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LEE, SCOTT A**
STREET ADDRESS **519 VERMONT ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94107**

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

415 473 8990

CR2E034 (10/02)