

2002 UNIFORM BUSINESS REPORT (UBR)

05/1361 AV

DOCUMENT # 834175

1. Entity Name
NME PROPERTIES OF DELAWARE, INC.

Principal Place of Business

**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**% MARY YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 APR 12 PM 12:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-0628039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PULLEN, TIMOTHY L**
CITY-ST-ZIP **13737 NOEL ROAD
DALLAS TX 75240**

☐ Change ☐ Addition
908895451119-3
-05/04/02--01001--004
******150.00 ****150.00**

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **SILVER, RICHARD B**
CITY-ST-ZIP **3820 STATE STREET
SANTA BARBARA CA 93105**

☐ Change ☐ Addition
100005451951--6
-05/06/02--01003--004
******150.00 ****150.00**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DENT, DENNIS L**
CITY-ST-ZIP **3820 STATE STREET
SANTA BARBARA CA 93105**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **LARSEN, CAITLIN M**
CITY-ST-ZIP **3820 STATE STREET
SANTA BARBARA CA 93105**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Caitlin M. Larsen, Asst. Sec.

Date

3/18/02

Daytime Phone #

805/563-7075

CR2E034 (9/01)