

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001283

1. Entity Name

S.V.D.P. MANAGEMENT, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90010 018 *****61.25

Principal Place of Business

3350 E. STREET
SAN DIEGO CA 92102

Mailing Address

3350 E. STREET
SAN DIEGO CA 92102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

33-0492304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS CARROLL, JOSEPH A REV.
CITY-ST-ZIP 3350 E. STREET
SAN DIEGO CA 92102

TITLE ☐ Delete
NAME V
STREET ADDRESS MANDEL, HARVEY
CITY-ST-ZIP 3350 E. STREET
SAN DIEGO CA 92102

TITLE ☒ Delete
NAME S
STREET ADDRESS STEWART, MICHAEL
CITY-ST-ZIP 1420 KETTNER BLVD., #220
SAN DIEGO CA 92101

TITLE ☐ Delete
NAME T
STREET ADDRESS WILLIAMS, CLIFFORD D
CITY-ST-ZIP 3350 E. STREET
SAN DIEGO CA 92102

TITLE ☐ Delete
NAME D
STREET ADDRESS BARLOTTA, VINCENT J
CITY-ST-ZIP 2550 FIFTH AVE., #1100
SAN DIEGO CA 92103

TITLE ☐ Delete
NAME D
STREET ADDRESS BENSON, ROGER
CITY-ST-ZIP 7550 HILLSIDE DR.
LA JOLLA CA 92037

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME Sec.
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 617, 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 of Michael Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

619-687-1066

Daytime Phone #

CR2E037 (10/00)