

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90013 038 ***550.00

DOCUMENT # F00000002394

1. Entity Name

ALL BASES COVERED, INC.

Principal Place of Business

~~1093 CHARTER STREET~~ 1001 Marshall St. Ste. 200
REDWOOD CITY CA 94063

Mailing Address

~~1093 CHARTER STREET~~ 1001 Marshall St. Ste. 200
REDWOOD CITY CA 94063

2. Principal Place of Business

1001 Marshall St. Ste. 200
Suite, Apt. #, etc.

3. Mailing Address

1001 Marshall St. Ste. 200
Suite, Apt. #, etc.

City & State

Redwood City CA
Zip 94063

City & State

Redwood City CA
Zip 94063

4. FEI Number

94-3281881

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	DCEO	<input type="checkbox"/> Delete
NAME	LEWIS, STEVE	
STREET ADDRESS	1093 CHARTER STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COURINGTON, RENEE	
STREET ADDRESS	1093 CHARTER STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEAVER, DAVID	
STREET ADDRESS	1093 CHARTER STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	SCFO	<input type="checkbox"/> Delete
NAME	JONES, GENE	
STREET ADDRESS	1093 CHARTER STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, BRIAN	
STREET ADDRESS	1093 CHARTER STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERCHON, MIKE	
STREET ADDRESS	1093 CHARTER STREET	
CITY-ST-ZIP	REDWOOD CITY CA 94063	

TITLE	President, CEO & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Steve	
STREET ADDRESS	1001 Marshall St., Ste. 200	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Courington	
STREET ADDRESS	1001 Marshall St., Ste. 200	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE	Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Beaver	
STREET ADDRESS	100 Marshall St., Ste. 200	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE	Secretary & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Gene	
STREET ADDRESS	1001 Marshall St., Ste. 200	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn Larsen	
STREET ADDRESS	1001 Marshall St., Ste. 200	
CITY-ST-ZIP	Redwood City, CA 94063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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
Kathryn Larsen

Date

7/31/01

Daytime Phone #

650.298.0829