

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90156 001 ***150.00
01-17-2003 90156 002 *****8.75

DOCUMENT # F01000000156



1. Entity Name
CWC DEMOLITION CORP.

Principal Place of Business
**628 EAST EDNA PLACE
COVINA CA 91723**

Mailing Address
**100 CALIFORNIA ST
STE 500
SAN FRANCISCO CA 94111**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4628214**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH 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 **PD** ☐ Delete
NAME **SHERIDAN, JAMES**
STREET ADDRESS **628 EAST EDNA PLACE**
CITY-ST-ZIP **COVINA CA 91723**

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

TITLE **V** ☐ Delete
NAME **DROUBAY, JEFF**
STREET ADDRESS **628 EAST EDNA PLACE**
CITY-ST-ZIP **COVINA CA 91723**

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

TITLE **AS** ☐ Delete
NAME **JONES, KRISTIN L**
STREET ADDRESS **100 CALIFORNIA ST 500**
CITY-ST-ZIP **SAN FRANCISCO CA 94111**

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

TITLE **DCFO** ☐ Delete
NAME **ARMSTRONG, RITA**
STREET ADDRESS **50 FREMONT 24TH FLR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

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

TITLE **S** ☐ Delete
NAME **KAPLAN, SHERRE**
STREET ADDRESS **628 EAST EDNA PLACE**
CITY-ST-ZIP **COVINA CA 91723**

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 REQUESTED
ASSISTANT SECRETARY,
L. JONES

1-3-03

415.774-2700

Date

Daytime Phone #

CR2E034 (10/02)