

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2002 8:00 am
Secretary of State

04-12-2002 90002 041 ***150.00

DOCUMENT # F01000001656

1. Entity Name

CROP DATA MANAGEMENT SYSTEMS, INC.

Principal Place of Business

**423 FOURTH STREET, 7TH FLOOR
MARYSVILLE CA 95901**

Mailing Address

**423 FOURTH STREET, 7TH FLOOR
MARYSVILLE CA 95901**

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

68-0030162

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

**JANZEN, RANDE
11 SUNSET DRIVE #104
SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

724 Indian Beach Lane

City

Sarasota

FL

Zip Code

34234

7. Name and Address of New Registered Agent

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

Elisabeth Amagill

**FOR ADDRESS CHANGE -
SAME AGENT.**

4/1/02

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

TITLE **PCT** ☐ Delete
NAME **NASO, VINCENT W**
STREET ADDRESS **423 FOURTH STREET, 7TH FLOOR**
CITY-ST-ZIP **MARYSVILLE CA 95901**

TITLE **VC** ☐ Delete
NAME **NASO, DEBRA J**
STREET ADDRESS **423 FOURTH STREET, 7TH FLOOR**
CITY-ST-ZIP **MARYSVILLE CA 95901**

TITLE **D** ☐ Delete
NAME **CRAIG, JAMES A**
STREET ADDRESS **423 FOURTH STREET, 7TH FLOOR**
CITY-ST-ZIP **MARYSVILLE CA 95901**

TITLE **V** ☐ Delete
NAME **REIMERS, HENRY J**
STREET ADDRESS **441 COLUSA AVENUE**
CITY-ST-ZIP **YUBA CITY CA 95991**

TITLE **S** ☐ Delete
NAME **CASELLI, JANIS A**
STREET ADDRESS **423 FOURTH STREET, 7TH FLOOR**
CITY-ST-ZIP **MARYSVILLE CA 95901**

TITLE **D** ☐ Delete
NAME **MAGILL, ELISABETH**
STREET ADDRESS **423 FOURTH STREET, 7TH FLOOR**
CITY-ST-ZIP **MARYSVILLE CA 95901**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CT** ☒ 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 **P** ☒ Change ☐ 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:

Elisabeth Amagill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELISABETH MAGILL

PRESIDENT 4/1/02

Date

Daytime Phone #

530-749-7206

CR2E034 (9/01)