

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90009 048 ***150.00

DOCUMENT # F01000006469

1. Entity Name

MV TRANSPORTATION, INC. OF CALIFORNIA

Principal Place of Business

**420 EXECUTIVE COURT, NORTH, SUITE G
 FAIRFIELD CA 94585**

Mailing Address

**420 EXECUTIVE COURT, NORTH, SUITE G
 FAIRFIELD CA 94585**

2. Principal Place of Business

**360 Campus Lane
 Suite, Apt. #, etc.
 Suite 201**

3. Mailing Address

**360 Campus Lane
 Suite, Apt. #, etc.
 Suite 201**

City & State

Fairfield, CA

City & State

Fairfield, CA

Zip

94585

Country

USA

Zip

94585

Country

USA

4. FEI Number

94-2491705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAEDEMACHER, MICHAEL
 5711 RICHARD AVENUE
 JACKSONVILLE FL 32207**

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

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	C	<input type="checkbox"/> Delete
NAME	LODDE, ALEXIS	
STREET ADDRESS	420 EXECUTIVE COURT, NORTH, SUITE G	
CITY-ST-ZIP	FAIRFIELD CA 94585	
TITLE	D	<input type="checkbox"/> Delete
NAME	LODDE, FEYSAN	
STREET ADDRESS	420 EXECUTIVE COURT, NORTH, SUITE G	
CITY-ST-ZIP	FAIRFIELD CA 94585	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONSON, JON	
STREET ADDRESS	420 EXECUTIVE COURT, NORTH, SUITE G	
CITY-ST-ZIP	FAIRFIELD CA 94585	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIARD, JON	
STREET ADDRESS	420 EXECUTIVE COURT, NORTH, SUITE G	
CITY-ST-ZIP	FAIRFIELD CA 94585	
TITLE	V	<input type="checkbox"/> Delete
NAME	RICHARDSON, GARY	
STREET ADDRESS	420 EXECUTIVE COURT, NORTH, SUITE G	
CITY-ST-ZIP	FAIRFIELD CA 94585	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	420 EXECUTIVE COURT, NORTH, SUITE G	
CITY-ST-ZIP	FAIRFIELD CA 94585	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

UP Human Relations 2/27/02
2/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)