

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90990 004 ***150.00

DOCUMENT # F02000003312

1. Entity Name
SURX, INC.



Principal Place of Business
**C/O TERRI BOSTATER
2675 COLLIER CANYON RD.
LIVERMORE CA 94551**

Mailing Address
**C/O TERRI BOSTATER
2675 COLLIER CANYON RD.
LIVERMORE CA 94551**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3243906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, GARRY L 2675 COLLIER CANYON RD. LIVERMORE CA 94551	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURTIS, ALAN E 2675 COLLIER CANYON RD. LIVERMORE CA 94551	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENSOW, DAVID C 2675 COLLIER CANYON RD. LIVERMORE CA 94551	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANDY, MICHAEL J 2675 COLLIER CANYON RD. LIVERMORE CA 94551	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STIEHR, DAVID R 2675 COLLIER CANYON RD. LIVERMORE CA 94551	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, STANLEY 2675 COLLIER CANYON RD. LIVERMORE CA 94551	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY SPRAKER 2675 COLLIER CANYON RD LIVERMORE CA 94551	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARK TANOURY 5 PALO ALTO SQUARE, 3000 EL CAMINO REAL PALO ALTO CA 94306-2155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. GERARD N. BURROW 110 DEERWOOD DRIVE HAMDEN CT 06517	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD EMMITT 25 DE FOREST AVENUE SUMMIT, NJ 07901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. DuBOSE MONTGOMERY 3000 SAND HILL ROAD, BLDG 4 STE 100 MENLO PARK CA 94025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESS WEATHERMAN 466 LEXINGTON AVE. 11th FLOOR NEW YORK NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Michael J. Gandy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(925) 398-4545

Daytime Phone #

CR2E034 (10/02)

OFFICERS/DIRECTORS RIDER

FL-Uniform Business Report

SURx, Inc.

Additional Directors:

Name: Ned Scheetz
Bus. Addr: 20 Seafirth Place, Tiburon, CA 94920

Name: Kathryn Tunstall
Bus. Addr: c/o Conceptus
1021 Howard, San Carlos, CA 94070

Attachment
30050297
FO2000003312