## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## Mar 07, 2002 8:00 am § Secretary of State DOCUMENT # F93000002765 1. Entity Name 03-07-2002 90031 047 \*\*\*150.00 JORDAN WOODMAN DOBSON INC. Principal Place of Business Mailing Address 3664 GRAND AVENUE 3664 GRAND AVENUE OAKLAND CA 94610 OAKLAND CA 94610 3. Mailing Address 2. Principal Place of Business DAKLAN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 94-2361735 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ------6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WOODMAN, RICHARD A STREET ADDRESS 359 BEACON RIDGE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WALNUT CREEK CA 94596 Change ☐ Addition ☐ Delete TITLE TITLE DPT NAME NAME **LONI. SUGIARTO** STREET ADDRESS STREET ADDRESS 10 NAKAYAMA CT CITY-ST-ZIP CITY-ST-ZIP ALAMEDA CA 94502 TITLE --- --☐ Change Addition ☐ Delete ~ TITLE NAME NAME WARD, THOMAS A STREET ADDRESS STREET ADDRESS 841 ROMA ST CITY-ST-ZIP CITY-ST-ZIP LIVERMORE CA 94550 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FERGUSON, TERESA M STREET ADDRESS STREET ADDRESS 1047 ALVARADO RD CITY-ST-7IP CITY-ST-ZIP **BERKELEY CA 94705** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

**FILED**