

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90021 040 ***150.00

0616776 AT

DOCUMENT # F97000001883

1. Entity Name
BAY AREA PIGGYBACK, INC.

Principal Place of Business
560 LENNON LN
WALNUT CREEK CA 94596

Mailing Address
560 LENNON LN
WALNUT CREEK CA 94596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2286648

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

LOTERO-RUSHTON, GLORIA
6885 NW 25TH ST BAY #5
MIAMI FL 33122

Name **Lotero-Rushton, Gloria**

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

8125 NW 53rd St #118

City

Miami

FL

Zip Code

33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **FRANCIS, GERALD A**
STREET ADDRESS **1690 SARGENT RD**
CITY-ST-ZIP **CONCORD CA 94518**

TITLE **DST** ☐ Change ☒ Addition
NAME **Leon, Brenda J**
STREET ADDRESS **3997 Bedrock Ct**
CITY-ST-ZIP **Antioch, CA 94509**

TITLE **VP** ☐ Delete
NAME **MERRITT, ELEANOR**
STREET ADDRESS **23585 W 207TH ST**
CITY-ST-ZIP **SPRING HILL KS 66083**

TITLE **Chairman** ☐ Change ☒ Addition
NAME **James L Francis**
STREET ADDRESS **1670 Sargent Rd**
CITY-ST-ZIP **Concord CA 94518**

TITLE **DST** ☒ Delete
NAME **FRANCIS, MYRNA J**
STREET ADDRESS **1670 SARGENT RD**
CITY-ST-ZIP **CONCORD CA 94518**

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

TITLE **P** ☐ Delete
NAME **FRANCIS, GEORGE W**
STREET ADDRESS **1261 BERMUDA CT**
CITY-ST-ZIP **CONCORD CA 94518**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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.

CR2E034 (9/01)

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

925-932-1313

Daytime Phone #