

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2002 90070 042 ***150.00

DOCUMENT # F98000001135

1. Entity Name
J.T. THORPE & SON, INC.

Principal Place of Business

1060 HENSLEY STREET
RICHMOND CA 94801

Mailing Address

1060 HENSLEY STREET
RICHMOND CA 94801

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
94-0925270

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	☐ Delete
NAME	JEFFRESS, BRUCE H	
STREET ADDRESS	21 UPPER ROAD WEST	
CITY-ST-ZIP	ROSS CA	
TITLE	P	☐ Delete
NAME	STUTZMAN, MARK C	
STREET ADDRESS	5940 TAFT AVENUE	
CITY-ST-ZIP	OAKLAND CA	
TITLE	V	☐ Delete
NAME	STEWART, GARY A	
STREET ADDRESS	1350 REGAL DRIVE	
CITY-ST-ZIP	NAPA CA	
TITLE	T	☐ Delete
NAME	ELAM, MICHAEL P	
STREET ADDRESS	28 DARLENE CT	
CITY-ST-ZIP	ALAMO CA 94583	
TITLE	D	☐ Delete
NAME	JACKSON, CRAIG P	
STREET ADDRESS	116 31ST ST	
CITY-ST-ZIP	MANHATTAN BEACH CA 90266	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/02

CR2E034 (9/01)