

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91075 023 \*\*\*150.00

0012603 MR

**DOCUMENT # F99000002443**

1. Entity Name

HATCH MOTT MACDONALD T&T, INC.



Principal Place of Business

3825 HOPYARD RD  
SUITE 240  
PLEASANTON CA 94588

Mailing Address

3825 HOPYARD RD  
SUITE 240  
PLEASANTON CA 94588

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

16-1006700

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS THIRLWALL, TIMOTHY J  
CITY-ST-ZIP ST. ANNE HOUSE, 20-26 WELLESLEY RD.  
CROYDON CR9 2UL UNITED KINGD

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NOLAN, RONALD R  
CITY-ST-ZIP 2800 SPEAKMAN DR.  
MISSISSAUGA, ONTARIO L5K-2R7

TITLE ☐ Delete  
NAME C  
STREET ADDRESS WICKENS, PETER J  
CITY-ST-ZIP 3825 HOPYARD RD #240  
PLEASANTON CA 94588

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MANIACI, JOEL D  
CITY-ST-ZIP 3825 HOPYARD RD #240  
PLEASANTON CA 94588

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS VELASQUEZ, JOSEPH  
CITY-ST-ZIP 3825 HOPYARD RD #240  
PLEASANTON CA 94588

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WHITE, DAVID P  
CITY-ST-ZIP 3825 HOPYARD RD #240  
PLEASANTON CA 94588

11. 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

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

925-469-8010

CR2E034 (10/02)