

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90033 009 ***150.00

DOCUMENT # F99000002735

1. Entity Name

KAY-CO. INVESTMENTS, INC.

851143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 IGNACIO BLVD.

Suite, Apt. #, etc.

3. Mailing Address

350 IGNACIO BLVD.

Suite, Apt. #, etc.

City & State
NOVATO CA

CA

City & State
NOVATO CA

CA

Zip
94949

Country
USA

Zip
94949

Country
USA

4. FEI Number

68-0264176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Coleman, Russell D.

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

3859 Bee Ridge Road

City

Sarasota

FL

Zip Code

34236

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.

Russell D. Coleman

4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPS
Coleman, Kay M.
1550 Indian Valley Road
Novato, CA 94949

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDT
Conklin, Bruce S.
535 San Pedro Cove
San Rafael, CA 94901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Navone, Michael A.
25 Sequoia Drive
San Anselmo, CA 94960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Lowe Thomas W.
813 Albatross Drive
Novato, CA 94945

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay M. Coleman

4/29/02

415-884-2220

X112

CR2E034B (12/01)