

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90381 013 ***150.00

DOCUMENT # P00000065688

1. Entity Name
IAMBIC, INC.



Principal Place of Business
**12 S. FIRST ST., STE. 300
SAN JOSE CA 95113**

Mailing Address
**12 S. FIRST ST.
SUITE 300
SAN JOSE CA 95113**



2. Principal Place of Business

1270 OAKMEAD PKW S-203

3. Mailing Address

1270 OAKMEAD PKW 4

Suite, Apt. #, etc.

SUNNY VALLE CA

Suite, Apt. #, etc.

SUNNY VALLE CA

City & State

City & State

95085

Country

95085

SANTA CLARA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **77-0547954**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VIDAL, GRAUPERA D
C/O DAVID R. ELLIS ESQ.
3233 EAST BAY DRIVE, SUITE 101
LARGO FL 33771**

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 **CEO** ☐ Delete
NAME **GRAUPERA, VIDAL D MR.**
STREET ADDRESS **12 S. FIRST ST. STE. 300**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE **CFO** ☐ Delete
NAME **PRINCE, BARBARA D MS.**
STREET ADDRESS **12 S. FIRST ST. STE. 300**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 **736-2000**
408-76216 x 20
Date Daytime Phone #

CR2E034 (10/02)