

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90117 008 ***150.00

0028506 AT

DOCUMENT # P10636

1. Entity Name
FLEET FIVE, INC.

Principal Place of Business

**3000 HANOVER STREET
PALO ALTO CA 94304**

Mailing Address

**1501 PAGE MILL RD
MS 1004
PALO ALTO CA 94304**

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

77-0072329

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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.

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 **P** ☒ Delete
NAME **POORE, C R JR**
STREET ADDRESS **164 OAK VIEW LANE**
CITY-ST-ZIP **HELENA AL 35080**

TITLE **S** ☐ Delete
NAME **BASKINS, ANN O.**
STREET ADDRESS **1720 STANFORD COURT**
CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE **T** ☐ Delete
NAME **DARLING, D'ANN**
STREET ADDRESS **590 ASHTON**
CITY-ST-ZIP **PALO ALTO CA 94304**

TITLE **V** ☐ Delete
NAME **EZRATI, LESTER**
STREET ADDRESS **340 BARBARA WAY**
CITY-ST-ZIP **HILLSBOROUGH CA**

TITLE **D** ☐ Delete
NAME **WAYMAN, ROBERT P.**
STREET ADDRESS **26220 MOODY ROAD**
CITY-ST-ZIP **LOS ALTOS CA 94022**

TITLE **D** ☐ Delete
NAME **OLSEN, WILLIAM C**
STREET ADDRESS **2101 GAITHER ROAD**
CITY-ST-ZIP **ROCKVILLE MD 20850**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition
NAME **LAINE MEYER**
STREET ADDRESS **746 FILIP RD**
CITY-ST-ZIP **LOS ALTOS, CA 94024**

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 **10720 LAUREL LEAF PL**
CITY-ST-ZIP **POTOMAC, MD 20854**

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 D'ANN DARLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

650-857-8857

CR2E034 (9/01)