

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90363 019 ***150.00

06/12/07 AB

DOCUMENT # P35666

1. Entity Name

H. COTURRI AND SONS, LTD. INC.



Principal Place of Business

6725 ENTERPRISE RD
GLEN ELLEN CA 95442

Mailing Address

P.O. BOX 396
GLEN ELLEN CA 95442

2. Principal Place of Business

6725 Enterprise Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2605395

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

MERLAU, DEAN
% RYALS LEE SALES CO.,
3170 W. THARPE
TALLAHASSEE FL 33143

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	P	<input type="checkbox"/> Delete
NAME	COTURRI, FERMENE	
STREET ADDRESS	195 RAYMOND AVE	
CITY-ST-ZIP	SAN FRANCISCO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COTURRI, TONY	
STREET ADDRESS	6725 ENTERPRISE RD	
CITY-ST-ZIP	GLEN ELLEN CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	COTURRI, PHILIP	
STREET ADDRESS	66600 NORBON RD.	
CITY-ST-ZIP	SONOMA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRATTO, MICHAEL	
STREET ADDRESS	1220 HOWARD AVE. #250	
CITY-ST-ZIP	BURLINGAME CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	COTURRI, LINDA	
STREET ADDRESS	6725 ENTERPRISE RD	
CITY-ST-ZIP	GLEN ELLEN CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 707-525-9126

Date

Daytime Phone #

CR2E034 (10/02)