

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90018 026 \*\*\*150.00

**DOCUMENT # P39099**

**1. Entity Name**  
**WILSEY BENNETT, INC.**

**Principal Place of Business**

**2351 POWELL ST.**  
**SUITE 500**  
**SAN FRANCISCO CA 94133**  
**US**

**Mailing Address**

**P.O. BOX 3532**  
**SAN FRANCISCO CA 94119**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**95-2261288**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T 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.**

**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	CPD	<input type="checkbox"/> Delete
NAME	WILSEY, MICHAEL W.	
STREET ADDRESS	2351 POWELL STREET #500	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILSEY, ALFRED S. SR	
STREET ADDRESS	2351 POWELL STREET #500	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ANDERSON, WILLIAM R.	
STREET ADDRESS	2351 POWELL STREET #500	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CARRIGAN, DALE K.	
STREET ADDRESS	2351 POWELL STREET #500	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	POETT, HENRY W III	
STREET ADDRESS	2351 POWELL ST., STE. 500	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FENTON, NOEL	
STREET ADDRESS	2351 POWELL STREET, STE. 500	
CITY-ST-ZIP	SAN FRANCISCO CA	

**12. 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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 SECRETARY

*[Signature]*  
 Date

*(415) 391-4150*  
 Daytime Phone #

CR2E034 (9/01)