

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90050 012 \*\*\*150.00

**DOCUMENT # - P94000012648**

1. Entity Name  
**BLUEBIRD GROVES, INC.**

Principal Place of Business

**1243 HUDSON AVENUE  
 SAINT HELENA CA 94574**

Mailing Address

**1243 HUDSON AVENUE  
 SAINT HELENA CA 94574**

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 **65-0474367**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



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

**CHAPIN, JANE  
 450 BEACH BLVD  
 VERO BEACH FL 32963**

**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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	CHAPIN, JANE	
STREET ADDRESS	1243 HUDSON AVENUE	
CITY-ST-ZIP	SAINT HELENA CA 94574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

9/13/02 707-967-9933

Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # P 94000012648  
872639

Bluebird Groves, Inc.  
1243 Hudson Avenue  
Saint Helena, CA 94574-1919

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

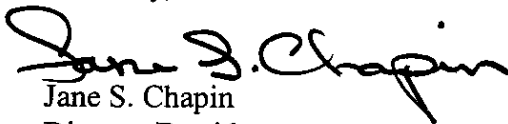
September 12, 2002

Dear Sir/Madam:

Please be advised that this is the first time we have received a notice for Bluebird Groves, Inc.'s 2002 Uniform Business Report. The corporation did not receive any notices prior to the sixty-day notice to file on September 13th. Included is a check for the amount of \$150.00 filing fee. Please waive the late fee of \$400.00.

Thank you for your quick attention to this matter.

Sincerely,



Jane S. Chapin  
Director/President  
Bluebird Groves, Inc.

Attachment 872639  
# PA4000012648

## 2002 UNIFORM BUSINESS REPORT FILING INSTRUCTIONS

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FOR THE YEAR ENDING  
December 31, 2002

Prepared for	BLUEBIRD GROVES, INC. 1243 HUDSON AVENUE ST. HELENA, CA 94574												
Prepared by	MOSS ADAMS LLP 438 FIRST STREET, STE 320 SANTA ROSA, CA 95401-6339												
To be signed and date by	THE APPROPRIATE CORPORATE OFFICER(S).												
Amount of tax	<table><tr><td>Total tax</td><td>\$</td><td>150.00</td></tr><tr><td>Less: payments and credits</td><td>\$</td><td>0.00</td></tr><tr><td>Plus: interest and penalties</td><td>\$</td><td>0.00</td></tr><tr><td><b>BALANCE DUE</b></td><td><b>\$</b></td><td><b>150.00</b></td></tr></table>	Total tax	\$	150.00	Less: payments and credits	\$	0.00	Plus: interest and penalties	\$	0.00	<b>BALANCE DUE</b>	<b>\$</b>	<b>150.00</b>
Total tax	\$	150.00											
Less: payments and credits	\$	0.00											
Plus: interest and penalties	\$	0.00											
<b>BALANCE DUE</b>	<b>\$</b>	<b>150.00</b>											
Make check payable to	FLORIDA DIVISION OF CORPORATIONS												
Mail tax return and check (if applicable) to	SEE ATTACHED ENVELOPE INSIDE THE UNIFORM BUSINESS REPORT												
Return must be mailed on or before	SEPTEMBER 13, 2002												
Special Instructions	PLEASE SIGN (1) THE LETTER TO FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS (2) THE UNIFORM BUSINESS REPORT												
	<table><tr><td>FRANCHISE FEE</td><td>\$</td><td>150.00</td></tr><tr><td>STATE FILING FEE</td><td>\$</td><td>0.00</td></tr><tr><td>RECORDING FEE</td><td>\$</td><td>0.00</td></tr></table>	FRANCHISE FEE	\$	150.00	STATE FILING FEE	\$	0.00	RECORDING FEE	\$	0.00			
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