**FILED** 

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFOR	M BUSINE	SS REPO	RT /	IION IIRD)	Jan 1	3. 200	3 8	·00 am
UNIFORM BUSINESS REPORT  DOCUMENT # 849773					THES	Jan 13, 2003 8:00 am Secretary of State			
1. Entity Name	e ITV DAIL C				01-13-2003 90087 026 ***150.00				
GOLLIA CI	III KAILE	ROAD CONSTRUC	TION, INC.		01-13-	2003 70067	020	130.00	
						9			
Principal Place 1500 HUGUENO	of Business		Mailing Address						
PO BOX 190			1500 HUGUENOT RD #	101		30000323			
MIDLOTHIAN VA 23113			PO BOX 190 MIDLOTHIAN VA 23113						
US			lig			1 10 10 10 10 10 10 10 10 10 10 10 10 10	1 <b>53</b> 44 1 <b>5346</b> 5 1714 <b>3</b> 1847	DIENE BEBRE	Billio Billio Billio (Ba)
2. Principal Place of Business			3. Mailing Address						<i>ita'i bibii</i> (1811-1841
						ı imbini imlif mimim imlif	IMMIT HUNGEN FAST DINST	DIRECT OFFICE	91611 0(01) 61011 10 <b>1</b> 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-		
City & State						☐ CHECK HERE IF MAKING CHANGES			
Only & State			City & State			A ECIAL			
Zip		Country			<u> </u>	4. FEI Number 31-0997	7821	-	Applied For
	1	Journal	Zip	Cour	ntry	5. Certificate of Status Des		\$8.75	Not Applicable  Additional
	6. Name ar	nd Address of Current Re	egistered Agent	Щ	<del></del>			Fee Red	Additional quired
OT CORRER			3011		Name	7. Name and Address of I	<b>New Registered</b>	Agent	
CT CORPORATION SYSTEM									
1200 S. PINE ISLAND ROAD					Street Address	(P.O. Box Number is Not Acce	ptable)		
PLANTATION	FL 33324					<del></del>			
					City				
8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.					- City		FL	Zip (	Code
the obligations	s of registered	d agent.	e purpose of changing its	registere	ed office or registe	ered agent, or both, in the State	of Florida. I am	familiar w	ith, and accept
SIGNATURE									Mil, diro accept
Sign	ature, typed or pri	nted name of registered agent and t	itle if applicable. (NOT	F: Begintered			_		
		EE IS \$150.00			Agent signature require	d when reinstating)	DATE		
After Ma	y 1, 2003 F	ee will be \$550 on				9 Flootion Communication			
Make Check Pa	yable to Fig	orida Department of St	ate			<ol> <li>9. Election Campaig</li> <li>Trust Fund Contrit</li> </ol>	n Financing bution.	\$5	5.00 May Be
0.		OFFICERS AND DIR	1	144				- 10	ded to Fees
>±  TS	TS ELLIS, MICHAEL S		Delete TITLE		<del></del> -	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
AME ELL			- Seletic	NAME	l			☐ Chang	je 🔲 Addition
PO BOX 190  St-zip MIDLOTHIAN VA		**			ADDRESS				
	LOTHIAN V	<u> </u>		CITY-S					
j v	MAS IOU	N D	☐ Delete	TITLE		<del></del>			
1	)mas, Joh Box 190	ט א		NAME				☐ Change	e 🗀 Addition 🛭 ဋိ
1. •	LOTHIAN V	A 23113			ADDRESS				
				CITY-S	T-ZIP				Į.

STI ch TITI NAI STR CITY-ST-ZIP TITLE - -⊡ Delete TITLE NAME HEALEY, GLENN A ☐ Change Addition NAME STREET ADDRESS PO BOX 190 STREET ADDRESS CITY-ST-ZIP MIDLOTHIAN VA CITY-ST-ZIP PERSIDENT TITLE ☐ Delete TITLE NAME *po*vicias L STEIEL ☐ Change Addition 2709 BYINGTON SOLWAY KNOXVILLE TN 37931 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ASSISTANT SEZPETARY Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS 60. ROX 160 STREET ADDRESS CITY-ST-ZIP VA 23113 CITY-ST-ZIP TITLE ☐ Delete TITLE VAME ☐ Change ☐ Addition STREET ADDRESS NAME STREET ADDRESS ITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNADULE PACER DE DISIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cole 1-8-03