

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90006 030 ***150.00

DOCUMENT # F95000000482

1. Entity Name
MANCON OF VIRGINIA, INC.

Principal Place of Business 1617 DIAMOND SPRINGS ROAD VIRGINIA BEACH VA 23455	Mailing Address 1617 DIAMOND SPRINGS ROAD VIRGINIA BEACH VA 23455
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2. Principal Place of Business 1617 Diamond Springs Road	3. Mailing Address Same as 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Virginia Beach, VA	City & State
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Zip 23455	Country City of Virginia Beach	Zip	Country
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4. FEI Number 54-1244651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, STE 105
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, A R 1617 DIAMOND SPRINGS RD VIRGINIA BEACH VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEADOWS, DAVID K 1617 DIAMOND SPRINGS RD VIRGINIA BEACH VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC CLARKE, MARY-J 1617 DIAMOND SPRINGS RD VIRGINIA BEACH VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD CLARKE, R.A. 1617 DIAMOND SPRINGS RD VIRGINIA BEACH VA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard A. Clarke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfred R. Clarke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Richard A. Clarke* / **Richard A. Clarke, President** 3/9/01 757-460-6308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)