

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90079 039 \*\*\*150.00

1570205 11

**DOCUMENT # P37142**

1. Entity Name  
**NATIONAL ELECTRONICS WARRANTY CORPORATION OF FLO RIDA**

Principal Place of Business <b>44873 FALCON PLACE, SUITE 174          STERLING VA 20166          US</b>	Mailing Address <b>44873 FALCON PLACE, SUITE 174          STERLING VA 20166          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 22660 Executive Dr. Suite, Apt. #, etc. Suite 122 City & State Sterling, VA Zip 20166 Country USA
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4. FEI Number <b>54-1627746</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MEENAN, TIMOTHY**  
**204 S. MONROE STREET**  
**TALLAHASSEE FL 32302-3068**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHAUFELD, FREDERICK D</b> <b>44873 FALCON PLACE, #174</b> <b>STERLING VA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NADER, ANTHONY P</b> <b>44873 FALCON PLACE, #174</b> <b>STERLING VA 20166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTDS</b> <b>WHITE, CLIFFORD A</b> <b>44873 FALCON PLACE, #174</b> <b>STERLING VA 20166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BLOOM, MARTIN</b> <b>44873 FALSON PLACE</b> <b>STERLING VA 20166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LIGHT, NATHAN R.</b> <b>44873 FAKON PLACE</b> <b>STERLING VA 20166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>22660 Executive Drive, Suite 122</b> <b>Sterling, VA 20166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>22660 Executive Drive, Suite 122</b> <b>Sterling, VA 20166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>22660 Executive Drive, Suite 122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>22660 Executive Drive, Suite 122</b>
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 all other life empovered.

SIGNATURE: **Clifford A. White** **2/5/02** **(703) 709-8675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)