

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37757

1. Entity Name

UNIFIED INDUSTRIES INCORPORATED

Principal Place of Business

6551 LOISDALE COURT
SUITE 400
ALEXANDRIA VA 22310

Mailing Address

6551 LOISDALE COURT
SUITE 400
SPRINGFIELD VA 22150-1808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-0904783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, JERRE L.
1515A PENMAN ROAD
BUILDING #500
JACKSONVILLE BEACH FL 32250

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO ADAMS, THEODORE A., JR. 10918 HAMPTON ROAD FAIRFAX STATION VA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC LONG, HERBERT E., JR. P O BOX 207 N/A SPRINGHORSE PA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, JOSEPH S. 309 YOAKUM PKWY. #201 ALEXANDRIA VA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYER, JOSEPH S. 309 YOAKUM PKWY. ALEXANDRIA VA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEIGER, CLIFFORD G 1702 USHER PL CROFTON MD 21114	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 Apr 00 (703) 922 9800

CR2E034 (9/99)