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

## 144977 **DOCUMENT #**

1. Entity Name COLLEGE PARK IMPROVEMENT CORP.



4. FEI Number

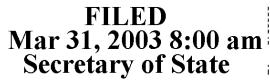
Principal Place of Business 11701 RIVER DRIVE

City & State

Mailing Address 11701 RIVER DRIVE

City & State

LORTON VA 22079	LORTON VA 22079					
2. Principal Place of Business 1820 GALEN DR	3. Mailing Address -1820 GALEN DRIV					
Cuito Ant # ata	Cuito Ant # oto					



03-31-2003 90310 022 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

59-6061585

Applied For

JOHNS		TN	JOHNSON C	179 7	$\mathcal{N} \mid$	1	59-6061585			t Applicable
3760	4 Country USA		37604	Country			ertificate of Status Desired	□ Fe	<b>8.75</b> Add e Required	
	6. Name and Address	of Current Re	gistered Agent			-7Na	ame and Address of New Reg	istered Ag	ent	
HANCHIN,	, John G Elake drive			Name Street	•	<i>E</i> / E / O. Bo	R. VALERIE  x Number is Not Acceptable)	7	·	
ST. CLOUD FL 34769-1621				4	HGO WEXDON COURT  City LAHE MARY FL 792946					
									73 C 7	46
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 re	. Fisher	title if applicable (NO:	E: Registered Agent signa	ature required w	vhén rein	3-g	6-03	•	
· · · · · · · · · · · · · · · · · · ·	<u> </u>					i I				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing		May Be to Fees
Make Check	Payable to Florida Depa	artment of St	tate							
10.		CERS AND DIF	RECTORS	11.	_	ADD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11
TITLE	PD		<b>X</b> Delete	TITLE					_ Change	Addition
NAME	CRAMPTON, SCOTT P.		•	NAME						
STREET ADDRESS	11701 RIVER DRIVE LORTON VA			STREET ADDRESS						
CITY-ST-ZIP			<del></del>	CITY-ST-ZIP		-		-		
TITLE	DICKLY DEVELOPD D		Delete Delete	TITLE		+		Ŀ	☐ Change	Addition
NAME	, RICKLY, REXFORD R.   1018 LAKESHORE WAI	V		NAME		-	•			
STREET ADDRESS CITY-ST-ZIP	MEDINA OH 44256-129			STREET ADDRESS CITY-ST-ZIP						Ì
					<b>6</b> 0 0	<u> </u>			7 0	
TITLE ~~~	CHAMBNEY COTT W	+ * <del>***</del> , ,	- ☐ Delete*	* TITLE * *	PU			7	Change	Addition
NAME	CHAMPNEY, SCOTT W 1820 GALEN DR			NAME	C HA	MPA	NEY W SCOPT			
STREET ADDRESS	JOHNSON CITY TN 370	204		STREET ADDRESS CITY-ST-ZIP	1820	>   3 /	NEY W SCOPT ALEN DAINE IN CITY TN 3	4604		
CITY-ST-ZIP		004				NSO	WCHY TWS	7601		
TITLE	D BETTY C		☐ Delete	TITLE	4		0		Change	☐ Addition
NAME	DRIVER, BETTY C 30 SOUNDVIEW DR.			NAME	DYIN	4	BETTY C NOVIEW DR NGTON, NY 11			
STREET ADDRESS CITY-ST-ZIP	HUNTINGTON NY			STREET ADDRESS CITY-ST-ZIP	30.50	001	VUVIEW DIC	747		ì
					ROX	<u> </u>	NGTON INT IL			
TITLE	ST	_	☐ Delete	TITLE				L	] Change	☐ Addition
NAME.	LAWRENCE, CHRISTIN    4847 PARK AVE	<u> </u>		NAME STREET ADDRESS	1					
STREET ADDRESS CITY-ST-ZIP	BETHESDA MD 20816			CITY-ST-ZIP		+				
	DETTILOUR IND 20010			_		1			7 Cha	CT Addition
TITLE			☐ Delete	TITLE NAME -				L	☐ Change	Addition
NAME STREET ADDRESS				STREET ADDRESS		1	•			
CITY-ST-ZIP	•			CITY-ST-ZIP						
5.11 51°ZII				5 07 2	<u> </u>	+-				

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empoyaged.