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

## 838025 **DOCUMENT #**

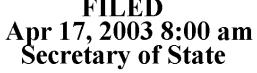
1. Entity Name

GAGE-BABCOCK & ASSOCIATES, INC.

						J				
Principal Place of Business 5175 PARKSTON DR. SUITE 130 CHANTILLY VA 20151 US			Mailing Address 5175 PARKSTON DR. SUITE 130 CHANTILLY VA 20151 US							
2. Principal P	lace of Busines	5	3. Mailing Address				186 (1869) 1861 1861 1861 1861 1861 1861 1861 1861	() Atali Ai <del>a</del> i	( Q Q{	1814 <b>0</b> 1014 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 44-0567890 Applied Fo Not Applied				pplied For ot Applicable
Zip Country			Zip Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
<b>-</b> .	6Name an	d Address of Current R	egistered Agent = = +			7. Name and Address of New Registered Agent				
					Name					
CT CORP	ORATION SYS	STEM	Street Address			(P.O. Box Number is Not Acceptable)				
1200 S. P	PINE ISLAND F	road `	Officer Address							
PLANTATI	ON FL 33324									
			•	С	ity 🔼 Zip 🤇					<u>-</u>
								FL	2.5 000	
	named entity su ions of registere		the purpose of changing its	registered of	fice or register	ed agent, or both,	in the State of Florida.	I am fan	niliar with,	and accept
SIGNATURE .	Signature, typed or p	rinted name of registered agent an	nd title if applicable. (NOT	E: Registered Age	nt signature required	when reinstating)		DATE		<del></del>
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 orida Department of S	State	_			ion Campaign Financi Fund Contribution.	ng 🗆		0 May Be to Fees
10.	-1	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFICER	S AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-2IP		OMAS TONE DR. STE 130 VA 20151-3816	☐ Delete	TITLE NAME STREET AD CITY-ST-Z				C	Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DVP HAHL, CHAF 5175 PARKS		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	1	, - 1 <sup>1</sup> .	de vive		_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTONETTI, 200 BUSINE ARMONK N	SS PARK DRIVE #106	Delete	TITLE NAME STREET ADI	DRESS	ECTOR,7.S	ECRETARY_	[	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THOMAS W CARTER BLVD. STE GA 30071-1236	□ Delete	TITLE NAME STREET ADI CITY-ST-Z	ORESS 350	)5 K0GER UTH. GA	30096-890	175	_ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D MADDEN, M 6 CENTERPO LA PALMA C	DINT DR STE 460	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z		nterpointe	Or. STE	_	<b>T</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADO	1				☐ Change	Addition

**FILED** 

04-17-2003 90216 038 \*\*\*150.00



CR2E034 (10/02)

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE: