

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856361

1. Entity Name

MILCOM SYSTEMS CORPORATION OF VIRGINIA

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90173 017 ***150.00

Principal Place of Business

532 VIKING DR.
VIRGINIA BEACH VA 23452

Mailing Address

532 VIKING DR.
VIRGINIA BEACH VA 23452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0907748

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

PHILLIPS, GEORGE G., JR., P.A.
212 EAST CHURCH ST.
PENSACOLA FL 32501

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	HARRIS, STUART J	532 VIKING DR.	VA. BEACH VA	<input type="checkbox"/>
STD	FLEMING, JOSEPHINE H.	532 VIKING DR.	VA. BEACH VA	<input type="checkbox"/>
D	FLEMING, WILLIAM W.	532 VIKING DR	VA BEACH VA	<input type="checkbox"/>
PD	FLEMING, RICHARD D.	532 VIKING DRIVE	VA. BEACH VA	<input type="checkbox"/>
VP-F	JONES, BETTY A	532 VIKING DR	VIRGINIA BEACH VA 23452	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard D. Fleming* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 757-463-2800

Date

Daytime Phone #

CR2E034 (9/01)