

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90015 001 ***150.00

DOCUMENT # F00000003012

1. Entity Name

COLONY AGENCY SERVICES, INC.

Principal Place of Business

Mailing Address

**9201 FOREST HILL AVENUE, SUITE 200
RICHMOND VA 23235**

**9201 FOREST HILL AVENUE, SUITE 200
RICHMOND VA 23235**

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 **22-2808825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	LATHAM, JOHN K	
STREET ADDRESS	46 EAST SQUARE LANE	
CITY-ST-ZIP	RICHMOND VA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABRAM, J. ADAM	
STREET ADDRESS	109 CATAWBA COURT	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, GREGG T	
STREET ADDRESS	4804 GREENPOINT LANE	
CITY-ST-ZIP	HOLLY SPRINGS NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	DESCH, EDWARD	
STREET ADDRESS	1615 HARBOROUGH ROAD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUTENBERG, STUART A	
STREET ADDRESS	72 DEVON DRIVE SOUTH	
CITY-ST-ZIP	MANALAPAN NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, JENNIFER	
STREET ADDRESS	3020 FAWNVIEW DRIVE	
CITY-ST-ZIP	MIDLOTHIAN VA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Kimpfke, Gail T.
STREET ADDRESS	9403 Summerlook Court
CITY-ST-ZIP	Chesterfield, VA

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

3/19/01

Date

Daytime Phone #

CR2E034 (10/00)