

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90250 009 ***150.00

DOCUMENT # F00000003012

1. Entity Name
COLONY AGENCY SERVICES, INC.



Principal Place of Business
**9201 FOREST HILL AVENUE, SUITE 200
RICHMOND VA 23235**

Mailing Address
**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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, JOHN K	
STREET ADDRESS	46 EAST SQUARE LANE	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, III, MARK E	
STREET ADDRESS	110 WYCKHAM PLACE	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAUSHILL, MARK W	
STREET ADDRESS	17002 WOOD CANYON	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DESCH, EDWARD	
STREET ADDRESS	1615 HARBOROUGH ROAD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KIMPFLE, GAIL T	
STREET ADDRESS	9405 SUMMERLOOK COURT	
CITY-ST-ZIP	CHESTERFIELD VA	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MILLER, JENNIFER	
STREET ADDRESS	3020 FAUNVIEW DRIVE	
CITY-ST-ZIP	MIDLOTHIAN VA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale H. Pilkington	
STREET ADDRESS	9307 Shelton Pointe Dr.	
CITY-ST-ZIP	Mechanicsville, VA 23116	
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	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott A. Wilson	
STREET ADDRESS	3119 Lady Marian Place	
CITY-ST-ZIP	Midlothian, VA 23113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail T. Kimpfeler	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: GAIL KIMPFELER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 804-327-1828
Date Daytime Phone #

CR2E034 (10/02)