

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000006456**Entity Name
ASSURED VIATICAL, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 008 ***150.00

0016364 AB

Principal Place of Business
4601 CHELTENHAM DRIVE
BETHESDA MD 20814
Mailing Address
4601 CHELTENHAM DRIVE
BETHESDA MD 20814Principal Place of Business
3. Mailing AddressSuite, Apt. #, etc.
Suite, Apt. #, etc.City & State
City & State**4. FEI Number**
52-2129665
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Zip Country Zip Country**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GENTLEMAN, THAD**
15260 FIDDLESTICKS BLVD.
FT MYERS FL 33912Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

☒ 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	PCD SHANNON, STEWART 4601 CHELTENHAM DRIVE BETHESDA MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART SHANNON

2/5/02

Date

301-651-1514

Daytime Phone #

CR2E034 (9/01)