

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90481 003 ***158.75

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1. Entity Name
AVTEC SYSTEMS OF VIRGINIA, INC.



Principal Place of Business
**10530 ROSEHAVEN STREET, SUITE 300
FAIRFAX VA 22030**

Mailing Address
**10530 ROSEHAVEN STREET, SUITE 300
FAIRFAX VA 22030**



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 **02-0354151**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTCD HIRSCH, RONALD	10530 ROSEHAVEN STREET, SUITE 300	FAIRFAX VA 22030				
	VD MELLMAN, STEPHEN	10530 ROSEHAVEN STREET, SUITE 300	FAIRFAX VA 22030				
	S GREGG, BOB	8000 TOWERS CRESCENT DRIVE, SUITE 1400	VIENNA VA 22182				
	D ROBBINS, CHARLES	10530 ROSEHAVEN STREET, SUITE 300	FAIRFAX VA 22030				
	D BETTERTON, THOMAS E	10530 ROSEHAVEN STREET, SUITE 300	FAIRFAX VA 22030				

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:

SS SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/02 703-273-2211

CR2E034 (10/02)