

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90147 045 ***150.00

DOCUMENT # F02000005082

1. Entity Name
CLARK NEXSEN OWEN BARBIERI & GIBSON, P.C.



Principal Place of Business
6160 KEMPSVILLE CIRCLE STE. 200A
NORFOLK VA 23502

Mailing Address
6160 KEMPSVILLE CIRCLE STE. 200A
NORFOLK VA 23502

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
54-0613222

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **GIBSON, ROBERT C**
STREET ADDRESS **1412 COBBLE SCOTT WAY**
CITY-ST-ZIP **CHESAPEAKE VA 23322**

TITLE **DP** ☐ Delete
NAME **STONE, CHRISTOPHER M**
STREET ADDRESS **6160 KEMPSVILLE CIRCLE STE. 200A**
CITY-ST-ZIP **NORFOLK VA 23502**

TITLE **D** ☐ Delete
NAME **STEPKA, KENNETH G**
STREET ADDRESS **6160 KEMPSVILLE CIRCLE STE. 200A**
CITY-ST-ZIP **NORFOLK VA 23502**

TITLE **DST** ☐ Delete
NAME **CHOLEWA, CARL E**
STREET ADDRESS **6160 KEMPSVILLE CIRCLE STE. 200A**
CITY-ST-ZIP **NORFOLK VA 23502**

TITLE **D** ☐ Delete
NAME **KEEN, WILLIAM R**
STREET ADDRESS **1023 W MOREHEAD #150**
CITY-ST-ZIP **CHARLOTTE NC 28208**

TITLE **D** ☐ Delete
NAME **WINBORNE, THOMAS T**
STREET ADDRESS **6160 KEMPSVILLE CIRCLE STE. 200A**
CITY-ST-ZIP **NORFOLK VA 23502**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL E. CHOLEWA JR

CHIEF FINANCIAL OFFICER

30 July 03

Date

Date

CR2E034 (4/03)

CLARK ♦ NEXSEN

Architecture & Engineering

80135645
FO2000005082

July 14, 2003

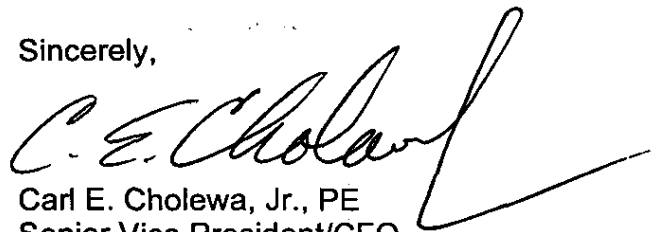
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

At this time Clark Nexsen would like to request a waiver of penalty for the late filing of the Uniform Business Report Filing. This is the first notice Clark Nexsen has received in reference to this report.

Please contact me at (757) 455-5800 for any additional information or explanation you may require. Thanking you in advance for your assistance.

Sincerely,



Carl E. Cholewa, Jr., PE
Senior Vice President/CFO

CEC/kiw

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