

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90051 017 ***150.00

05/8/98 AT

DOCUMENT # F93000003705

1. Entity Name
K.T. ASSOCIATES, P.C. OF VA.

Principal Place of Business

~~2323 HORSE PEN ROAD~~
STE 500
HERDON VA 20171
US

Mailing Address

~~2323 HORSE PEN ROAD~~
STE 500
HERNDON VA 20171
US

2. Principal Place of Business

13755 SUNRISE VALLEY DR.

Suite, Apt. #, etc.

500

City & State

Zip

Country

3. Mailing Address

13755 SUNRISE VALLEY DR.

Suite, Apt. #, etc.

500

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1664195**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MUNROE, ROBERT C

~~1240 SOUTH VINELAND RD~~

~~BERKSHIRE WEST APT 56~~

~~WINTER GARDEN FL 34787~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8700 SPYGLASS LOOP

City

CLERMONT

FL

Zip Code

34711

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, 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

TITLE **CT** ☐ Delete
 NAME **KOBLOS, MARK R**
 STREET ADDRESS **15612 BRITENBUSH CY**
 CITY-ST-ZIP **WATERFORD VA**

TITLE **DV** ☐ Delete
 NAME **FARREL, JOHN E P.E.**
 STREET ADDRESS **12361 CLARETH DR**
 CITY-ST-ZIP **HERNDON VA**

TITLE **D** ☐ Delete
 NAME ~~MUNROE, ROBERT C P.E.~~
 STREET ADDRESS **1240 S VINELAND RD BERKSHIRE W APT 56**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **S** ☐ Delete
 NAME **KOBLOS, KATHRYN E**
 STREET ADDRESS **15612 BRITENBUSH CT**
 CITY-ST-ZIP **WATERFORD VA**

TITLE **V** ☐ Delete
 NAME **HARE, ANDREW D.**
 STREET ADDRESS **1428 HARLE PLACE SW**
 CITY-ST-ZIP **LEESBURG VA 20175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 STREET ADDRESS **8700 SPYGLASS LOOP**
 CITY-ST-ZIP **CLERMONT, FL 34711**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20014 COLTSFOOT TERRACE**
 CITY-ST-ZIP **ASHBURN, VA 20147**

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

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:

Kathryn E. Koblos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN E. KOBLOS **3/04/02** **703-581-1713**

Date

Daytime Phone #

CR2E034 (9/01)