

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004325

1. Entity Name

UNIVERSAL SYSTEMS & TECHNOLOGY, INC. OF VIRGINIA

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90003 006 ***150.00

Principal Place of Business

Mailing Address

12450 FAIR LAKES CIR
SUITE 625
FAIRFAX VA 22033
US

12450 FAIR LAKES CIR
SUITE 625
FAIRFAX VA 22033
US

2. Principal Place of Business

3. Mailing Address

5870 Trinity Parkway
Suite, Apt. #, etc.

5870 Trinity Parkway
Suite, Apt. #, etc.

City & State

Centreville, VA

City & State

Centreville VA

Zip

Country

20120

Zip

Country

20120

4. FEI Number

52-1556292

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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.

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, 2001 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 CPT ☐ Delete
NAME STAFFORD, EARL W
STREET ADDRESS 5440 MARLSTONE LANE
CITY-ST-ZIP FAIRFAX VA 22030

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

TITLE VC ☐ Delete
NAME FAULDERS, THOMAS
STREET ADDRESS 7106 HOLY RD. DRIVE
CITY-ST-ZIP MCLEAN VA 22101

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

TITLE D ☐ Delete
NAME BELFORD, PETER C
STREET ADDRESS 4 BEMAN WOODS CT.
CITY-ST-ZIP POTOMAC MD 20854

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

TITLE S ☐ Delete
NAME GOTTLIEB, A. MICHAEL
STREET ADDRESS 47592 COMPTON CIRCLE
CITY-ST-ZIP POTOMAC FALLS VA 20165

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

TITLE D ☒ Delete
NAME NASHMAN, ALVIN
STREET ADDRESS 3608 RIDGEWAY TERR
CITY-ST-ZIP FALLS CHURCH VA 22044

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

A. MICHAEL GOTTLIEB

SIGNATURE: Chief Financial Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)