## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE

with an address, with all other like empowered.

## FILED DOCUMENT # **F96000005912** Jul 17, 2000 8:00 am Secrétary of State DEE SHORING COMPANY, INC. 07-17-2000 90072 011 \*\*\*550.00 Mailing Address Principal Place of Business 4680 VAWTER AVENUE 4680 VAWTER AVENUE RICHMOND VA 23222-1407 RICHMOND VA 23222 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 54-0807543 Not Applicable \$8,75 Additional Country Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONTI, MARK Street Address (P.O. Box Number is Not Acceptable) 321 DANE LANE LONGWOOD FL 32752 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 '9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE Change Addition CD TITLE Delete NAME NAME ELLEN, JULIUS E STREET ADDRESS 13100 ROBIOUS ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIDLOTHIAN VA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CHILDRESS, CARL E STREET ADDRESS STREET ADDRESS 10615 HARBOROUGH WAY CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA Change Addition .TITLE\_\_\_\_\_e Delete NAME BARRY, THOMAS NAME STREET ADDRESS STREET ADDRESS 7812 COACHFORT CT. CITY-ST-ZIP CITY-ST-ZIP **RICHMOND VA 23228** $\square$ Addition Change TITLE ☐ Delete TITLE HASELDEN, JULIAN C NAME STREET ADDRESS STREET ADDRESS 2988 DRAGANA DRIVE CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA ☐ Addition TITLE Change ☐ Delete TITLE NAME HULSEY II, JAMES H NAME STREET ADDRESS STREET ADDRESS 8226 ELLERSON GREEN PLACE CITY-ST-ZIP CITY-ST-ZIP MECHANICSVILLE VA ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HOLMES, RANDALL J STREET ADDRESS STREET ADDRESS 2180 GUM DRIVE CITY-ST-ZIP CITY-ST-ZIP MANAKIN-SABOT VA 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 requirer 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