

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90152 024 ***150.00

062243 AT

DOCUMENT # F96000005912

1. Entity Name

DEE SHORING COMPANY, INC.



Principal Place of Business

**4680 VAWTER AVENUE
RICHMOND VA 23222**

Mailing Address

**4680 VAWTER AVENUE
RICHMOND VA 23222**

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

54-0807543

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

**MULVIN, RONALD
5473 BENCHMARK LANE STE 111
SANFORD FL 32773**

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 \$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

TITLE **CD** ☐ Delete
NAME **ELLEN, JULIUS E**
STREET ADDRESS **13100 ROBIOUS ROAD**
CITY-ST-ZIP **MIDLOTHIAN VA**

TITLE **P** ☐ Delete
NAME **CHILDRESS, CARL E**
STREET ADDRESS **10615 HARBOROUGH WAY**
CITY-ST-ZIP **RICHMOND VA**

TITLE **S** ☒ Delete
NAME **BARRY, THOMAS**
STREET ADDRESS **7812 COACHFORT CT.**
CITY-ST-ZIP **RICHMOND VA 23228**

TITLE **V** ☐ Delete
NAME **HASELDEN, JULIAN C**
STREET ADDRESS **2088 DRAGANA DRIVE**
CITY-ST-ZIP **RICHMOND VA**

TITLE **V** ☐ Delete
NAME **HULSEY II, JAMES H**
STREET ADDRESS **8226 ELLERSON GREEN PLACE**
CITY-ST-ZIP **MECHANICSVILLE VA**

TITLE **SECRETARY** ☐ Delete
NAME **FREDERICK ELLEN**
STREET ADDRESS **12104 ORMONO DRIVE**
CITY-ST-ZIP **RICHMOND, VA 23233**

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
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME **Addition**
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 life empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

4/29/03 (804) 321-4350

Date

Daytime Phone #

CR2E034 (10/02)