## 2001 UNIFORM BUSINESS REPORT (UBR)

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D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # F96000006124 KINGSBERRY KGA, INC. 04-26-2001 90253 050 \*\*\*150.00 Principal Place of Business Mailing Address 555 EAST MAIN STREET, 17TH FL 555 EAST MAIN STREET, 17TH FL NORFOLK VA 23510 NORFOLK VA 23510 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 54-1643560 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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's gnature required when reinstating) DATE FILE NOW!!! FEE (\$ \$150.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SLONE, JORDAN E NAME NAME STREET ADDRESS 555 EAST MAIN STREET, 17TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition NAME BANGEL, HERBERT K NAME STREET ADDRESS **505 COURT STREET** STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP PORTSMOUTH VA TITLE Delete TITLE ☐ Change Addition NAME CHILDERS, E R NAME STREET ADDRESS STREET ADDRESS 555 EAST MAIN STREET, 17TH FL CITY-ST-ZIP NORFOLK VA C!TY-ST-ZIP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 of 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