## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F97000006224 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 11, 2003 8:00 am Secretary of State

| Principal Place of Business 400 EAST CARY STREET RICHMOND VA 23219  Mailing Address 400 EAST CARY STREET RICHMOND VA 23219   |  |                         |   |  |                            | 3-11-2003 90159  | 001 ****600                         | .00                                     |  |
|--|--|-------------------------|---|--|----------------------------|--|-------------------------------------|---|--|
|  |  |                         |   |  |                            |  | ani ania ania rah                   |   |  |
| Principal Place of Business     3. Mailing Addr  |  |                         | Address   |  |                            |  |                                     |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.     |   |  |                            | CHECK HERE IF MAKING CHANGES                                   |                                     |   |  |
| City & State   |  | City & State            |   |  | 4. FEI Number              | 34-32 1 1924   |                                     | pplied For<br>ot Applicable             |  |
| Zip Country  |  | Zip                     | ip Country  |  | 5. Certificate of St       | 5. Certificate of Status Desired S8.75 Additional Fee Required |                                     |   |  |
|  | 6. Name and Address of Curren  | Registered Agent        |   |  | 7. Name and Add            | ress of New Register   | ed Agent                            |   |  |
| C T COD  | DODATION OVETEN  |                         |   | Name   |                            |  |                                     |   |  |
| C T CORPORATION SYSTEM   |  |                         |   | Street Address (P.O. Box Number is Not Acceptable)   |                            |  |                                     |   |  |
| 1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324   |  |                         |   |  |                            |  |                                     |   |  |
| PLANIAI  | IUN FL 33324   |                         |   |  |                            |  |                                     |   |  |
|  |  |                         |   | City   | - 11-                      | F  | Zip Cod                             | e                                       |  |
| 8. The above   | e named entity submits this statement for  | or the purpose of chan- | aina its reaistere  | d office or rea  | istered agent, or both, in | -  | _                                   | and accept                              |  |
| the obliga   | tions of registered agent.   | ,                       |   | •  | <b>9</b> - ,, ,            |  |                                     | and addopt                              |  |
| SIGNATURE  | Signature, typed or printed name of registered agent   |                         | ANOTE Salva   | ***  |                            |  | ,                                   |   |  |
|  |  | and the ir applicable.  | (NOTE: Registered   | Agent signature re   | quired when reinstating)   | · DAT  | E                                   |   |  |
|  | ILE NOW!!! FEE IS \$150.00   |                         |   |  | 9. Election                | Campaign Financing   | <b>\$</b> 5.0                       | 0 May Be                                |  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  |  |                         |   |  | 1                          | nd Contribution.   | Added                               | to Fees                                 |  |
| 10.  | OFFICERS AND   | DIRECTORS               | 11.   |  | ADDITIONS/CHA              | NGES TO OFFICERS A   | ND DIRECTOR                         | S IN 11 •                               |  |
| TITLE  | VT   | ☐ Delet                 | e TITLE   |  |                            |  |                                     | - · · · · · · · · · · · · · · · · · · · |  |
| NAME   | NEYLAND, ELLA S  |                         |   | E  |                            | T/TREASURER  | [X] Change                          | Addition                                |  |
| STREET ADDRESS   |  | 22 0000                 | NAME  |  | XEC VICE PRESIDEN          | T/TREASURER  |                                     | Addition                                |  |
| CITY-ST-ZIP  | 400 EAST CARY STREET   | 22 0000                 | NAME<br>STREE   | ET ADDRESS   |                            | T/TREASURER  |                                     | Addition                                |  |
|  | RICHMOND VA 23219  |                         | NAME<br>STREE<br>CITY-  |  |                            | T/TREASURER  |                                     | ☐ Addition                              |  |
| TITLE  | RICHMOND VA 23219<br>SEVD  | □ Delet                 | NAME STREE CITY- e TITLE  | ET ADDRESS<br>ST-ZIP   |                            | T/TREASURER  |                                     | ☐ Addition                              |  |
| NAME   | RICHMOND VA 23219<br>SEVD<br>WALLIS, W. MARK   |                         | NAME STREE CITY- e TITLE NAME   | ET ADDRESS<br>ST-ZIP   |                            | T/TREASURER  | (X) Change                          |   |  |
|  | RICHMOND VA 23219 SEVD WALLIS, W. MARK 400 EAST CARY STREET  |                         | NAME STREE CITY-  TITLE NAME STREE  | ET ADDRESS ST-ZIP  ET ADDRESS  |                            | T/TREASURER  | (X) Change                          |   |  |
| NAME<br>STREET ADDRESS   | RICHMOND VA 23219 SEVD WALLIS, W. MARK 400 EAST CARY STREET RICHMOND VA 23219  | □ Delet                 | NAME STREE CITY-  B TITLE NAME STREE CITY-  | ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP   | XEC VICE PRESIDEN          |  | to Change ☐ Change                  | ☐ Addition                              |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | RICHMOND VA 23219 SEVD WALLIS, W. MARK 400 EAST CARY STREET  |                         | NAME STREE CITY-  B TITLE NAME STREE CITY-  | ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ED  |                            |  | (X) Change                          |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | RICHMOND VA 23219  SEVD WALLIS, W. MARK 400 EAST CARY STREET RICHMOND VA 23219  EVD GENRY, CHRISTOPHER D 400 EAST CARY STREET  | □ Delet                 | NAME STREE CITY-  B TITLE NAME STREE CITY- TITLE NAME   | ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ED  | XEC VICE PRESIDEN          |  | to Change ☐ Change                  | ☐ Addition                              |  |
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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 like empowered.

Scott A. Shanaberger

GNATURE:

SIGNATURE:

**SIGNATURE:** 

Daytime Phone #