

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90310 001 ***150.00

0577527

DOCUMENT # F98000002432

1. Entity Name

PALMER & CAY OF VIRGINIA, INC.

Principal Place of Business Mailing Address
9020 STONY POINT PARKWAY, SUITE 200 **P.O. BOX 35735**
RICHMOND VA 23235 **RICHMOND VA 23235**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1738691**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

STEIN, RICHARD W
76 SO. LAURA STREET SUITE 1400
JACKSONVILLE FL 32202

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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)

Lynette Coleman
as its agent

DATE

3/26/2001

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 NAME STREET ADDRESS CITY-ST-ZIP | VD CROWLEY, F. M 25 BULL STREET SAVANNAH GA 31401-2658 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOFELE, DAVID M 25 BULL STREET SAVANNAH GA 31401-2658 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NICHOLS, DAVID M 9020 STONY POINT PKWY STE 200 RICHMOND VA 23235 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CAY, JOHN E III 25 BULL STREET SAVANNAH GA 31401-2658 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEHMAN, KAREN J 25 BULL STREET SAVANNAH GA 31401-2658 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOZINGO, F. GLENN 9020 STONY POINT PKWY, STE 200 RICHMOND VA 23235 <input checked="" type="checkbox"/> Delete |

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Vice Pres/Sec/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| Treasurer/Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

3-23-01 9:12:23-16809

CR2E034 (10/00)