

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006102**

1. Entity Name

PENDER AND COWARD, A PROFESSIONAL CORPORATION**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90137 049 ***150.00

Principal Place of Business

**192 BALLARD COURT, FOURTH FLOOR
GREENWICH CENTRE
VIRGINIA BEACH VA 23462**

Mailing Address

**192 BALLARD COURT, FOURTH FLOOR
GREENWICH CENTRE
VIRGINIA BEACH VA 23462**

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

54-1447658

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DINKIN, MITCHELL A ESQUIRE
8295 NORTH MILITARY TRAIL SUITE A
PALM BEACH GARDENS FL 33410-6312**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	LONERGAN, JAMES B	
STREET ADDRESS	8600 ATLANTIC AVENUE	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	

TITLE	S	<input type="checkbox"/> Delete
NAME	SALLE, CHARLES M	
STREET ADDRESS	1238 ALANTON DR.	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SLAUGHTER, MARK E	
STREET ADDRESS	878 FIVE FORKS ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23455	

TITLE	D	<input type="checkbox"/> Delete
NAME	ADDISON, H. L	
STREET ADDRESS	1902 FOXHOUND LN	
CITY-ST-ZIP	NORFOLK VA 23518	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUVALL, RANDOLPH C	
STREET ADDRESS	833 WINWOOD DR.	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, DAVID L	
STREET ADDRESS	924 WINDSOR ROAD	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD H. MATTHEWS	
STREET ADDRESS	1306 NIBLICK COURT	
CITY-ST-ZIP	CHESAPEAKE, VA 23320	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS E. KAHLE	
STREET ADDRESS	1736 NORTH ALANTON DRIVE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23454	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES B. LONERGAN	
STREET ADDRESS	8600 ATLANTIC AVENUE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

David L. Horne, Director

April 19, 2001 (757) 490-6271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)