

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006946

1. Entity Name
SYMBIONT, INC.

Principal Place of Business
1325 MASSACHUSETTS AVENUE, NW
2ND FL
WASHINGTON DC 20005

Mailing Address
1325 MASSACHUSETTS AVENUE, NW
2ND FL
WASHINGTON DC 20005

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 52-1389353 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KINSEY, HOPE
2570 NW 155 STREET
OPA LOCA FL 33054

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PCTD	<input type="checkbox"/> Delete
NAME	WARD, JAMES B	
STREET ADDRESS	1156 15TH ST., NW 6TH FL	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WARD, STERLING	
STREET ADDRESS	1156 15TH ST., NW 6TH FL	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, FORREST C	
STREET ADDRESS	101 FEDERAL ST., STE 1900	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, James Bud	
STREET ADDRESS	1325 Massachusetts Avenue, NW, 2nd Floor	
CITY-ST-ZIP	Washington, D. C. 20005	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, Sterling A.	
STREET ADDRESS	1325 Massachusetts Avenue, NW, 2nd Floor	
CITY-ST-ZIP	Washington, D. C. 20005	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, Eulah R.	
STREET ADDRESS	7020 Wyndale Street, N.W.	
CITY-ST-ZIP	Washington, D. C. 20015	
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: DA. Ward 08/30/01 (202) 887-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90052 018 ***550.00



DO NOT WRITE IN THIS SPACE

018/06/01 AB

CR2E034 (5/01)