

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90016 001 \*\*\*550.00


**DOCUMENT # F99000003035**

1. Entity Name R  
**FINANCIAL SPOT, INC.**

Principal Place of Business 14100 SULLYFIELD CIRCLE, SUITE 500 CHANTILLY VA 20151	Mailing Address 14100 SULLYFIELD CIRCLE, SUITE 500 CHANTILLY VA 20151-1668
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUUB7220



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>54-1826413</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**FLORIDA COMPLIANCE SPECIALISTS, INC.**  
**1331 E. LAFAYETTE ST., SUITE F**  
**TALLAHASSEE FL 32301**

**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. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PARK, GI HWA	TITLE	
NAME		NAME	
STREET ADDRESS	14100 SULLYFIELD CIRCLE, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA 20151	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPT LEE, ROBERT E	TITLE	
NAME		NAME	
STREET ADDRESS	14100 SULLYFIELD CIRCLE, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA 20151	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S ELLIOTT, DEREK	TITLE	
NAME		NAME	
STREET ADDRESS	14100 SULLYFIELD CIRCLE, SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA 20151	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 REQUIRED 5/1/00 (703) 818-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #