2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F9900003035

1. Entity Name



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90101 015 ***150.00

FINANCIA								
Principal Place of Business . Mailing Address 14100 SULLYFIELD CIRCLE. SUITE 500 14100 SULLYFIELD CIRCLE. SUITE CHANTILLY VA 20151 CHANTILLY VA 20151								
2. Principal Place of Business 3. Mailing			ng Address		. (1881/1881) 1816 1817 1817) 1861/1 1861/1 1861/1 1861/1 1861/1 1861/1 1861/1 1861/1	i i iiii iiii		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING C	CHANGES		
City & State		City & State			4. FEI Number 54-1826413 Applied For Not Applicable			
Zip	Country	Zip	Country			8.75 Add	ditional	
<u> </u>	6. Name and Address of Curr	ent Registered Agent	 		7. Name and Address of New Registered Ag			
2	·		- Name			7-1		
FLORIDA COMPLIANCE SPECIALISTS, INC.				ddress (P.0	O. Box Number is Not Acceptable)			
2331 HAN								
TALLAHA	SSEE FL 32301							
			City	.,	FL	Zip Cod	е	
		nt for the purpose of changing	ng its registered office or	registered	d agent, or both, in the State of Florida. I am fan	niliar with,	and accept	
the obliga	tions of registered agent.						ľ	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered Agent signatu	re required wh	hen reinstating) DATE			
Ligi F	ILE NOW!!! FEE IS \$150.00			~	S. Flanting Comparing Financing	Ф Г		
	r May 1, 2003 Fee will be \$550.				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
	k Payable to Florida Departmen					IDEOTOS	0.000	
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE NAME	PARK, GI HWA	Delete	' TITLE NAME		L	Change	☐ Addition	
STREET ADDRESS	14100 SULLYFIELD CIRCLE, S	SUITE 500	STREET ADDRESS					
CITY-ST-ZIP	CHANTILLY VA 20151		CITY-ST-ZIP					
TITLE	VPT	☐ Delete	TITLE			Change	Addition	
NAME	LEE, ROBERT E	NUTE COO	NAME					
STREET ADDRESS	14100 SULLYFIELD CIRCLE, S CHANTILLY VA 20151	SUITE 500	STREET ADDRESS					
CITY-ST-ZIP	CHANTILLY VA 20151		CITY-ST-ZIP					
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NAME			NAME				}	
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TITLE NAME		Delete	TITLE NAME		L	_ Change	Addition	
STREET ADDRESS			STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					

12. 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.

SIGNATURE:



