

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003290

1. Entity Name

UNITEL SERVICES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90064 021 ***150.00

Principal Place of Business

Mailing Address

8300 GREENSBORO DRIVE #600
MCHEN VA 22102

8300 GREENSBORO DRIVE #600
MCHEN VA 22102-3662

2. Principal Place of Business

8300 Greensboro Drive #600

3. Mailing Address

8300 Greensboro Drive

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

McLean, Virginia

City & State

McLean, Virginia

Zip

22102

Country

Zip

22102

Country

4. FEI Number

54-1604542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, S. TIEN
1010 E. ROSE STREET
LAKELAND FL 33801

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, 2000 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

TITLE	CEOS	<input type="checkbox"/> Delete
NAME	WONG, S. TIEN	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALLEY, DOUGLAS E	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, FRANK J	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, PETER	
STREET ADDRESS	8300 GREENSBORO DR., #600	
CITY-ST-ZIP	MCLEAN VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WESTBROOK, THOMAS	
STREET ADDRESS	1919 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	CEO	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

703-917-9170

Daytime Phone #

CR2E034 (9/99)