

# 2001 UNIFORM BUSINESS REPORT (UBR)

09-17-2001 90131023 0.00  
F99000003290

DOCUMENT # F99000003290

1. Entity Name

UNITEL SERVICES, INC. *Unitel Services, Inc.*

Principal Place of Business

8300 GREENSBORO DRIVE #600  
MCLEAN VA 22102

Mailing Address

8300 GREENSBORO DRIVE #600  
MCLEAN VA 22102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

McLean, VA

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

McLean, VA

Zip

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 \$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 NAME ☐ Delete

CEOS  
WONG, S. TIEN  
8300 GREENSBORO DR., #600  
MCLEAN VA

TITLE NAME ☐ Delete

PD  
PALLEY, DOUGLAS E  
8300 GREENSBORO DR., #600  
MCLEAN VA

TITLE NAME ☐ Delete

T  
WALKER, FRANK J  
8300 GREENSBORO DR., #600  
MCLEAN VA

TITLE NAME ☐ Delete

D  
RYAN, PETER  
8300 GREENSBORO DR., #600  
MCLEAN VA

TITLE NAME ☐ Delete

D  
WESTBROOK, THOMAS  
1919 PENNSYLVANIA AVE NW  
WASHINGTON DC

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

Date

Daytime Phone #

CR2E034 (5/01)

FILED  
01 OCT 15 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE