

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90085 032 ***150.00

DOCUMENT # F99000004156

1. Entity Name

DEI, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

703 MIDDLE GROUND BLVD.
NEWPORT NEWS VA 23606703 MIDDLE GROUND BLVD.
NEWPORT NEWS VA 23606-2512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1486601

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Delete
NAME **BRUNGES, JAMES R**
STREET ADDRESS **4201 WHITEACRE COURT**
CITY-ST-ZIP **VIRGINIA BEACH VA 23455**TITLE **Christopher Lacovara, VD** ☐ Change ☒ Addition
NAME **C/o Kolberg + Company**
STREET ADDRESS **111 Radio Circle**
CITY-ST-ZIP **Mt. Kisco, NJ 10549**TITLE **VSTD** ☒ Delete
NAME **MARCHESANI, JAMES L**
STREET ADDRESS **505 LIGHTHOUSE POINT**
CITY-ST-ZIP **VIRGINIA BEACH VA 23451**TITLE **Evan Wildstein, VSD** ☐ Change ☒ Addition
NAME **C/o Kolberg + Company**
STREET ADDRESS **111 Radio Circle**
CITY-ST-ZIP **Mt Kisco, NJ 10549**TITLE **PD** ☒ Delete
NAME **MULLINS, DAVID H**
STREET ADDRESS **971 HEATHLAND DRIVE**
CITY-ST-ZIP **NEWPORT NEWS VA 23602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MARTIN, DALE R**
STREET ADDRESS **409 CROATAN HILL DRIVE**
CITY-ST-ZIP **VIRGINIA BEACH VA 23451**TITLE **CEO + President** ☒ Change ☐ Addition
NAME **Dale R. Martin**
STREET ADDRESS **409 Croatan Hill Dr.**
CITY-ST-ZIP **Va. Beach, VA 23451**TITLE **VD** ☒ Delete
NAME **BEST, RICHARD L**
STREET ADDRESS **105 INVERNESS**
CITY-ST-ZIP **WILLIAMSBURG VA 23188**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **KRAMER, RODNEY F**
STREET ADDRESS **4050 OAK MOSS COURT**
CITY-ST-ZIP **CHESAPEAKE VA 23321**TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-6-00 757 873 5296