

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G79042**

1. Entity Name

ATKINSON, REEVE ASSOCIATES, INC.

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90142 045 ***150.00

0578942 AT

Principal Place of Business 1800 OLD MEADOW ROAD #718 MCLEAN VA 22102 US	Mailing Address C/O STEPHEN B NEWMAN 1800 OLD MEADOW ROAD: #718 MCLEAN VA 22102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2230 GEO. C. MARSHALL DR.	3. Mailing Address 2230 GEO. C. MARSHALL DR.
Suite, Apt. #, etc. #619	Suite, Apt. #, etc. #619
City & State FALLS CHURCH, VA	City & State FALLS CHURCH, VA
Zip 22043 Country USA	Zip 22043 Country USA

4. FEI Number 59-2354028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENBLUM, MILORED 230 DOWN EAST LANE LAKE WORTH FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, STEPHEN B. 1800 OLD MEADOW RD #718 MCLEAN VA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWMAN, JUDITH R. 6737 TOWNE LANE ROAD MCLEAN VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (PD) JUD 2230 GEO. C. MARSHALL DR #619 FALLS CHURCH, VA 22043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Judith R. Newman JUDITH R. NEWMAN 2/2/02 703-568-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)