

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90112 013 ***150.00

0597253

DOCUMENT # M95975

1. Entity Name
UNITED TELCOM, INC.

Principal Place of Business
**215 FOXBOROUGH DR SW
LEESBURG VA 20175**

Mailing Address
**215 FOXBOROUGH DR SW
LEESBURG VA 20175**

2. Principal Place of Business

3. Mailing Address

39237 Mt. Gilead RD

P O Box 2308

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Leesburg VA

City & State

Leesburg VA

Zip

20175

Country

USA

Zip

20177

Country

Loudoun

4. FEI Number **59-2907725**

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

**HOLLINGSWORTH, BEVERLY
22316 NORTHWEST 190TH AVENUE
HIGH SPRINGS FL 32643**

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, 2001 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 **PST** ☐ Delete
NAME **MARTIN, CHRISTY L**
STREET ADDRESS **215 FOXBOROUGH DR SW**
CITY-ST-ZIP **LEESBURG VA 20175**

TITLE **P** ☒ Change ☐ Addition
NAME **Christy L martin**
STREET ADDRESS **39237 Mt. Gilead RD P O Box 2377**
CITY-ST-ZIP **Leesburg VA 20177**

TITLE **V** ☒ Delete
NAME **MARTIN, HERMAN E JR**
STREET ADDRESS **215 FOXBOROUGH DR SW**
CITY-ST-ZIP **LEESBURG VA 20175**

TITLE **V** ☐ Change ☐ Addition
NAME **Beverly J Hollingsworth**
STREET ADDRESS **P O Box 2848**
CITY-ST-ZIP **High Springs FL 32643**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☐ Addition
NAME **Beverly L Clark**
STREET ADDRESS **39237 Mt. Gilead RD**
CITY-ST-ZIP **Leesburg VA 20175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Christy L Martin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2001

Date

(703) 669-6406

Daytime Phone #

CR2E034 (10/00)