

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90305 010 ***150.00

DOCUMENT # M95975

1. Entity Name
UNITED TELCOM, INC.



Principal Place of Business
**39237 MT GILEAD RD
LEESBURG VA 20175**

Mailing Address
**PO BOX 2308
LEESBURG VA 20177**



2. Principal Place of Business
36545 Paxson Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
**Purcellville
Leesburg VA**

City & State

4. FEI Number
59-2907725

Applied For

☒ Not Applicable

Zip
20132

Country
USA

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Beverly Hollingsworth**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **P** ☐ Delete
MARTIN, CHRISTY L
STREET ADDRESS
PO BOX 2377
CITY-ST-ZIP
LEESBURG VA 20177

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

TITLE
NAME: **V** ☒ Delete
HOLLINGSWORTH, BEVERLY J
STREET ADDRESS
PO BOX 2848
CITY-ST-ZIP
HIGH SPRINGS FL 32643

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

TITLE
NAME: **ST** ☐ Delete
CLARK, BEVERLY L
STREET ADDRESS
39237 MT GILEAD RD
CITY-ST-ZIP
LEESBURG VA 20175

TITLE
NAME: **Clark, Beverly L** ☒ Change ☐ Addition
STREET ADDRESS
36545 Paxson RD
CITY-ST-ZIP
Leesburg VA 20132

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

4/17/03 **540757070**
Date Daytime Phone #

CR2E034 (10/02)