

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90106 018 ***158.75

DOCUMENT # P01000017300

1. Entity Name
GYLAN BUILDING SERVICES, INC.



Principal Place of Business
1334-B SHEPARD DRIVE
STERLING VA 20164

Mailing Address
P.O. BOX 1354
ASHBURN VA 20146-1354

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3698869**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAFFER, SCOTT
12708 ROLLING BROAK COURT
ORLANDO FL 32837

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **VD** ☒ Delete
NAME **BELL, THOMAS E**
STREET ADDRESS **20906 WINOLA TERRACE**
CITY-ST-ZIP **ASHBURN VA 20147**

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

TITLE **CEO** ☐ Delete
NAME **CHONG, SONG K**
STREET ADDRESS **20603 GLEN BROOK TERRACE**
CITY-ST-ZIP **POTOMAC FALLS VA 20165**

☒ Change ☐ Addition
TITLE **CEO**
NAME **Song K. Chong**
STREET ADDRESS **43821 Tattinger Terrace**
CITY-ST-ZIP **Ashburn, VA 20148**

TITLE **PD** ☒ Delete
NAME **BALLARD, DAVID W**
STREET ADDRESS **20470 SWECKER FARM PLACE**
CITY-ST-ZIP **STERLING VA 20165**

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

TITLE **VPD** ☒ Delete
NAME **RHEE, JAE W**
STREET ADDRESS **42705 CENTER STREET**
CITY-ST-ZIP **SOUTH RIDING VA 20152**

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

TITLE **VPD** ☒ Delete
NAME **KIM, HYUN SEOK**
STREET ADDRESS **6026 GOLDENROD DRIVE**
CITY-ST-ZIP **ALEXANDRIA VA 22151**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)