

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90209 030 \*\*\*150.00

**DOCUMENT # P20562**

1. Entity Name  
**COM/NAV REALTY CORP.**



Principal Place of Business  
**500 CLINTON CENTER DR  
CLINTON MS 39056  
US**

Mailing Address  
**1133 19TH ST NW  
DEPT 8408  
WASHINGTON DC 20036  
US**

2. Principal Place of Business

**22001 Loudoun County Prwy**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ASHBURN VA**

City & State

4. FEI Number **64-0762666**

Applied For  
Not Applicable

Zip  
**20147**

Country  
**US**

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

**NRAI SERVICES INC.  
536 E. PARK AVENUE  
TALLAHASSEE FL 32301**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VGTC NAGEL, WALTER 1133 19TH STREET WASHINGTON DC 20036</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EBBERS, BERNARD 500 CLINTON CENTER DR CLINTON MS 39056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SULLIVAN, SCOTT 500 CLINTON CENTER DR CLINTON MS 39056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition

**SEE  
ATTACHED  
OFFICERS  
LIST**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL  
SANSBURY**

**4/30/03 (202) 736-6362**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment P205102  
11033820

**OFFICERS LIST**

**COM/NAV REALTY CORP.**

**President & CEO**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Vice President & Treasurer**

Susan Mayer  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Secretary**

Michael Salsbury  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**DIRECTOR**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147