

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P37458**

1. Entity Name
AMES & GOUGH INSURANCE/RISK MANAGEMENT, INC.

Principal Place of Business
**7926 JONES BRANCH DR
730
MCLEAN VA 22102
US**

Mailing Address
**7926 JONES BRANCH DR
730
MCLEAN VA 22102
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PS**
NAME **AMES, MARSHALL A.**
STREET ADDRESS **7926 JONES BRANCH DR STE 730**
CITY-ST-ZIP **MCLEAN VA**

TITLE **CD**
NAME **AMES, MARSHALL A.**
STREET ADDRESS **7926 JONES BRANCH DR STE 730**
CITY-ST-ZIP **MCLEAN VA**

TITLE **VTD**
NAME **GOUGH, GARY**
STREET ADDRESS **7926 JONES BRANCH DR STE 730**
CITY-ST-ZIP **MCLEAN VA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY C. Gough, Pres. 01-03-02 703-827-
Date Daytime Phone # **2277**

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90006 007 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1756461** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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1A

CR2E034 (9/01)