

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 013 ***150.00

DOCUMENT # P40335

1. Entity Name

CHADWICK INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

ARLINGTON BLVD.**8300 ARLINGTON BLVD.****STE B2****STE B2****FAIRFAX VA 22031****FAIRFAX VA 22031-5217**

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

54-1569230

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HENDERSON, GEORGE	3248 CISMOUNT COURT	WOODBRIIDGE VA	<input type="checkbox"/>
D	MEYER, KYLE E.	6323 COLCHESTER ROAD	FAIRFAX VA	<input type="checkbox"/>
T	PIKOVSKY-DAVID S.	18104 KITCHEN HOUSE CT.	GERMANTOWN MD	<input type="checkbox"/>
CD	NOCERA, RONALD M.	3702 DIJON WAY	PALM BEACH FL	<input type="checkbox"/>
D	PYLES, ALAN N.	6412 WOODLAND RUN CT.	CLIFTON VA	<input type="checkbox"/>
D	KELLER, ANDREW	10017 SCENIC VIEW TERRACE	VIENNA VA 22182-1339	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

1/21/00

703-560-0970