

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017544

1. Entity Name

PRICE ASSOCIATES OF VIRGINIA CORP.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90196 032 ***150.00

Principal Place of Business

108 - 8TH AVENUE NORTH
ST. PETERSBURG FL 33701

Mailing Address

PO BOX 15501
ALEXANDRIA VA 23309
US

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 65-0556615

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

CORRECTION
MERADA, JUDY
108TH AVE NORTH ← 108th 8th AVE N.
ST PETERSBURG FL 33701

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PRICE, BILLY J
STREET ADDRESS 3250 PELICAN PL
CITY-ST-ZIP ALEXANDRIA VA 22306 ☐ Delete

TITLE PRICE BILLY J
NAME PRICE BILLY J
STREET ADDRESS PO BOX 15501
CITY-ST-ZIP ALEXANDRIA VA 22309 ☒ Change ☐ Addition

TITLE S
NAME PRICE, SHEILA M
STREET ADDRESS 3250 PELICAN PL
CITY-ST-ZIP ALEXANDRIA VA 22306 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

PRESIDENT

1/24/01

888 761 4704

Date Daytime Phone #

CR2E034 (10/00)