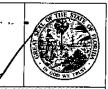
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000005189

Accurate Locating, Inc



## **FILED** Mar 17, 2003 8:00 am Secretary of State

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2. Principal Place of Business 10365 Ledar 10365 Cedar Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Glen Glen Allen. Not Applicable Zip 23059 Country Country USA \$8.75 Additional *2*30*5*9 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO\_NOT\_WRITE IN THIS SPACE 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 Japuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE NAME Paul Hayes 400 N. Allen Nenue NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Richmond, NA 23230 CITY-ST-ZIP TITLE TILE Steve Armendinger 4387 Worsham Rd NAME STREET ADDRESS STREET ADDRESS Powhatlan, VA 23139 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE TITLE PRINTED AND NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)