

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

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

03-17-2003 91078 036 \*\*\*158.75

DOCUMENT # F94000005189

1. Entity Name

Accurate Locating, Inc.



**DO NOT WRITE IN THIS SPACE**

90053565

2. Principal Place of Business

10365 Cedar Lane

3. Mailing Address

10365 Cedar Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Glen Allen, VA

City & State

Glen Allen, VA

4. FEI Number

54-1578298

Applied For

Not Applicable

Zip

23059

Country

USA

Zip

23059

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Scagliola, Jay

Street Address (P.O. Box Number is Not Acceptable)

1947 10th Ave North

City

Lake Worth

FL

Zip Code

33461

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P, ST  
Paul Hayes  
400 N. Allen Avenue  
Richmond, VA 23230

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Steve Armendinger  
4387 Worsham Rd  
Powhatan, VA 23139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

3/11/03

Date

8045502937

Daytime Phone #

CR2E034B (12/02)