

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90126 006 ***550.00

DOCUMENT # F00000006695

1. Entity Name

AUTOMATED REGIONAL INFORMATION SYSTEMS, INC.

Principal Place of Business

~~12445 OCEAN GATEWAY, SUITE 7~~
~~OCEAN CITY MD 21042~~

Mailing Address

~~12445 OCEAN GATEWAY, SUITE 7~~
~~OCEAN CITY MD 21042~~

2. Principal Place of Business

124 N Main St

Suite, Apt. #, etc.

Suite C

3. Mailing Address

P.O. Box 799

Suite, Apt. #, etc.

City & State

Berlin MD

City & State

Ocean City MD

Zip

21811

Country

USA

Zip

21842-0799

Country

USA

4. FEI Number

52-1957268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **CDPT** ☐ Delete
 NAME **FAULSTICH, PAUL**
 STREET ADDRESS **12445 OCEAN GATEWAY, SUITE 7**
 CITY-ST-ZIP **OCEAN CITY MD 21842**

TITLE **VCDV** ☒ Delete
 NAME **NELSON, DANA**
 STREET ADDRESS **12445 OCEAN GATEWAY, SUITE 7**
 CITY-ST-ZIP **OCEAN CITY MD 21842**

TITLE **D** ☐ Delete
 NAME **AGANATA, ED**
 STREET ADDRESS **12445 OCEAN GATEWAY, SUITE 7**
 CITY-ST-ZIP **OCEAN CITY MD 21842**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **124 N. Main St Suite C**
 CITY-ST-ZIP **Berlin MD 21811**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **124 N. Main St Suite C**
 CITY-ST-ZIP **Berlin MD 21811**

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

TITLE ☐ Change ☐ Addition
 NAME
 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 OF REGISTERED AGENT

Paul L. Faulstich

8/14/02 410 641 3319

Date

Daytime Phone #

CR2E034 (4/02)