

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

05/91/75 AT

DOCUMENT # **P38527**

1. Entity Name
PEER CONSULTANTS, P.C.

02-11-2002 90229 004 ***158.75

Principal Place of Business
12300 TWINBROOK PARKWAY, SUITE 410
ROCKVILLE MD 20852

Mailing Address
12300 TWINBROOK PARKWAY, SUITE 410
ROCKVILLE MD 20852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-1135381		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRON, LILIA A
1460 GULF BLVD.
SUITE 1113
CLEARWATER FL 33767

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, PAULETTE B 11303 BARITONE COURT SILVER SPRINGS MD 20901	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	ABRON, LILIA A 1460 GULF BLVD. # 1103 CLEARWATER FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	NELSON, DEAN 448 MARINER POINT DRIVE CLINTON TN 37716	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	TUCKER, JOHN 12113 STONEY BOTTOM ROAD GERMANTOWN MD 20874	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY-ST-ZIP	BOIZELLE, SANDRA A 20319 SWALLOW POINT ROAD GAITHERSBURG MD 20879	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EO NAME STREET ADDRESS CITY-ST-ZIP	MCCADDEN, CAROLYN 424 FERNWOOD FARMS ROAD CHESAPEAKE VA 23320	<input type="checkbox"/> Delete	<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: *Paulette B. Wright* **Paulette B. Wright** *Jan 23, 2002* **301-816-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)