

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90089 010 ***158.75

DOCUMENT # **P38527**



1. Entity Name
PEER CONSULTANTS, P.C.

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

Mailing Address
**12300 TWINBROOK PARKWAY, SUITE 410
ROCKVILLE MD 20852**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1135381**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, PAULETTE B	
STREET ADDRESS	11303 BARTONE COURT	
CITY-ST-ZIP	SILVER SPRINGS MD 20901	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABRON, LILIA A	
STREET ADDRESS	1460 GULF BLVD. # 1103	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NELSON, DEAN	
STREET ADDRESS	448 MARINER POINT DRIVE	
CITY-ST-ZIP	CLINTON TN 37716	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TUCKER, JOHN	
STREET ADDRESS	12113 STONEY BOTTOM ROAD	
CITY-ST-ZIP	GERMANTOWN MD 20874	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOIZELLE, SANDRA A	
STREET ADDRESS	20319 SWALLOW POINT ROAD	
CITY-ST-ZIP	GAITHERSBURG MD 20879	
TITLE	EO	<input type="checkbox"/> Delete
NAME	MCCADDEN, CAROLYN	
STREET ADDRESS	424 FERNWOOD FARMS ROAD	
CITY-ST-ZIP	CHESAPEAKE VA 23320	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Tucker, Jr.* **JOHN W. TUCKER, JR., VP/S/D** 1/24/03 301-816-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)