

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # 848433**1. Entity Name
STRUCTURAL PRESERVATION SYSTEMS, INC.

Principal Place of Business 7455-T NEW RIDGE ROAD HANOVER MD 21076	Mailing Address 7455-T NEW RIDGE ROAD HANOVER MD 21076
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-1071818

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S. PINE ISLAND ROADPLANTATION
33324

US

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/14/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	D	<input type="checkbox"/> Delete
NAME	HODINKO SUE	
STREET ADDRESS	7455-T NEW RIDGE ROAD	
CITY-ST-ZIP	HANOVER MD 21076	

TITLE	T	<input type="checkbox"/> Delete
NAME	FANGIO DAN	
STREET ADDRESS	103 WEST HILL ST	
CITY-ST-ZIP	BALTIMORE MD	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GREENAUS, SCOTT M.	
STREET ADDRESS	6512 APPLE BLOSSOM RIDE	
CITY-ST-ZIP	COLUMBIA MD	

TITLE	PD	<input type="checkbox"/> Delete
NAME	EMMONS, PETER H	
STREET ADDRESS	7530 DAMASCUS ROAD	
CITY-ST-ZIP	GAITHERSBURG, MD 00000	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODINKO SUE	
STREET ADDRESS	100 HARBORVIEW DRIVE, #401	
CITY-ST-ZIP	BALTIMORE MD 21230	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANGIO DAN	
STREET ADDRESS	325 TAPLOW ROAD	
CITY-ST-ZIP	BALTIMORE MD 21212	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENAUS, SCOTT M.	
STREET ADDRESS	6512 APPLE BLOSSOM RIDE	
CITY-ST-ZIP	COLUMBIA MD 21044	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMONS, PETER H	
STREET ADDRESS	100 HARBORVIEW DRIVE UNIT 1111	
CITY-ST-ZIP	BALTIMORE MD 21230	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dan Fangio

T

02/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)