

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90206 049 \*\*\*150.00

**DOCUMENT # 837918**

1. Entity Name  
**MAR, INCORPORATED OF MARYLAND**



Principal Place of Business  
**1181 S. ROGERS CIRCLE  
CONDOR PLACE #29  
BOCA RATON FL 33487  
US**

Mailing Address  
**6110 EXECUTIVE BLVD  
410  
ROCKVILLE MD 20852  
US**

2. Principal Place of Business

3. Mailing Address

**1803 RESEARCH BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 204**

City & State

City & State

**ROCKVILLE MD**

Zip

Country

Zip

Country

**20850**

**MONTGOMERY**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEBOWITZ, ROBERT K  
4912 NW 85TH ROAD  
CORAL SPRINGS FL 33067**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS KLAGES, LINDA L 8716 RAVENGLASS WAY GAITHERSBURG MD</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO NORCIO, MICHAEL P. 4208 QUEEN MARY DRIVE OLNEY MD</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP LEBOWITZ, ROBERT K 4912 NW 85TH ROAD CORAL SPRINGS FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LAURA A. EVANS 147 SUMMER WALK DR. GAITHERSBURG, MD 20878</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RICHARD COLES 11029 GRASSY KNOLL TERR. GERMANTOWN MD 20876</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAMUEL SUNUKJIAN 6612 ROCKLAND DR. CLIFTON, VA 20124</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/24/03**

**301 230-4581**

CR2E034 (10/02)