

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90049 009 ***550.00

DOCUMENT # F93000000889

1. Entity Name

EDWARD E. THORPE & COMPANY

Principal Place of Business

**3859 FARRAGUT AVE.
KENSINGTON MD 20895**

Mailing Address

**3859 FARRAGUT AVE.
KENSINGTON MD 20895**

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

52-1261036

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAYS, DAVID E
1900 NW 187 TERRACE
MIAMI FL 33056**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☐ Delete
NAME **THORPE, EDWARD E**
STREET ADDRESS **10214 CONOVER DR.**
CITY-ST-ZIP **SILVER SPRING MD 20902**TITLE **M** ☐ Change ☒ Addition
NAME **Edward E. Thorpe, Jr.**
STREET ADDRESS **8830 Piney Branch Road, Apt. 506**
CITY-ST-ZIP **Silver Spring, MD 20903**TITLE **DVCS** ☐ Delete
NAME **THORPE, CONSTANCE M**
STREET ADDRESS **10214 CONOVER DR.**
CITY-ST-ZIP **SILVER SPRING MD 20902**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SLOAN, W. ROGERS**
STREET ADDRESS **3317 DUKE ST.**
CITY-ST-ZIP **ALEXANDRIA VA 22314**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ALLEN, RONALD W**
STREET ADDRESS **3710 17TH STREET, NE**
CITY-ST-ZIP **WASHINGTON DC**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **ECHOLS, RONNIE W**
STREET ADDRESS **110 FORESTDALE DR.**
CITY-ST-ZIP **DANVILLE VA 24540**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **THORPE, CONSTANCE M**
STREET ADDRESS **10214 CONOVER DR.**
CITY-ST-ZIP **SILVER SPRING MD 20902**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:

Constance M. Thorpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/02

(301) 933-3671

Date

Daytime Phone #

CR2E034 (4/02)