

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90214 041 ***150.00

DOCUMENT # F93000003787

1. Entity Name
CIRELLI COMPANY



Principal Place of Business
**537 RITCHIE HIGHWAY, SUITE 2A
SEVERNA PARK MD 21146**

Mailing Address
**537 RITCHIE HIGHWAY, SUITE 2A
SEVERNA PARK MD 21146**



2. Principal Place of Business
537 RITCHIE HWY

3. Mailing Address

Suite, Apt. #, etc.
Suite 2A

Suite, Apt. #, etc.

City & State
SEVERNA PARK MD

City & State

Zip
21146

Country
USA

Zip

Country

4. FEI Number **52-1499183**

Applied For
Not Applicable

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

**CIRELLI, CHARLES J
24981 PENNYROYAL DRIVE
BONITA SPRINGS FL 33923**

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
**CRA
CIRELLI, CHARLES J
24981 PENNYROYAL DRIVE
BONITA SPRINGS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bonita Springs, FL 33923 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CIRELLI, MARTHA C
24981 PENNYROYAL DRIVE
BONITA SPRINGS FL 33923** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
CIRELLI, JOHN C
2030 POPLAR RIDGE RD
PASADENA MD** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pasadena, MD 21122 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Cirelli, Sherry
2030 Poplar Ridge Road
Pasadena, MD 21122** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Cirelli

410-544-2602

Date

Daytime Phone #

CR2E034 (10/02)