

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005372

1. Entity Name

ELIZABELL CO., INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90040 012 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
OWINGS MILLS MD 21117

10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827

2. Principal Place of Business
910 RIDGEBROOK ROAD

3. Mailing Address
910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SPARKS, MD 21152

City & State
SPARKS, MD 21152

Zip

Country

Zip

Country

4. FEI Number
52-1849708

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name
National Corporate Research, LTD, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street Suite #2
City
Tallahassee FL Zip Code
32301

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 *John Morrissey* **John Morrissey, Asst. Vice President** **April 25, 2000**
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 \$150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, TAYLOR		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, ROBERT		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD 21117		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	INTEGRATED HEALTH SERVICES, INC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B.		NAME	910 RIDGEBROOK RD.	
STREET ADDRESS	10065 RED RUN BLVD.		STREET ADDRESS	SPARKS, MD 21152	
CITY-ST-ZIP	OWINGS MILLS MD		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Fulchino **Mark Fulchino** *4/23/00* **(407) 773-1000**

CR2E034 (9/99)