2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F9600001997 ANDREW W. BOOTH AND ASSOCIATES, INC. 02-06-2001 90277 050 ***150.00 Principal Place of Business Mailing Address 1942 NORTHWOOD DRIVE 1942 NORTHWOOD DRIVE SALISBURY MD 21801-7824 SALISBURY MD 21801-7824 **N0014601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1301174 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name CHILDERS, ROY K Street Address (P.O. Box Number is Not Acceptable) 5694 SOUCHAK DR. WEST PALM BEACH FL 33413 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE TITLE ☐ Delete Change ☐ Addition BOOTH, ANDREW W NAME NAME STREET ADDRESS 8402 HILDA DRIVE STREET ADDRESS CITY-ST-ZIP SALISBURY MD CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE STUCHLIK IV, CHARLES F NAME NAME **RD 4 BOX 111A** STREET ADDRESS STREET ADDRESS **GEORGETOWN DE** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE -SHAHAN, JOHN R NAME NAME 3424 RESIDENTIAL DRIVE STREET ADDRESS STREET ADDRESS ALLEN MD CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE [] Change ☐ Addition HERMAN, KENNETH R NAME NAME 1138 NEVINS PLACE STREET ADDRESS STREET ADDRESS SALISBURY MD CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

Charles SIGNATURE:

Stuch11k SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(410) 742**-**7299