

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003263**

1. Entity Name

REAL ESTATE MARKETING SERVICES, INC.**FILED**
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 041 ***150.00

Principal Place of Business

Mailing Address

ARLINGTON BLVD., #B-2
VA 220318300 ARLINGTON BLVD., #B-2
FAIRFAX VA 22031-5217**831014**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1362851

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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	VST	<input type="checkbox"/> Delete
NAME	PIKOVSKY, DAVID S	
STREET ADDRESS	8300 ARLINGTON BLVD., #B-2	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOCERA, BRENDA J	
STREET ADDRESS	8300 ARLINGTON BLVD., #B-2	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	DC	<input type="checkbox"/> Delete
NAME	NOCERA, RONALD M	
STREET ADDRESS	8300 ARLINGTON BLVD., #B-2	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	D	<input type="checkbox"/> Delete
NAME	PYLES, ALAN	
STREET ADDRESS	8300 ARLINGTON BLVD., #B-2	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael, Chicko S	
STREET ADDRESS	8300 Arlington Blvd Suite B2	
CITY-ST-ZIP	Fairfax, VA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 703-876-0100