

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90371 002 ***150.00

DOCUMENT # F98000001550

1. Entity Name
RAYMAR CORPORATION OF D.C.

Principal Place of Business
3611 CARDIFF ROAD
CHEVY CHASE MD 20815-5945

Mailing Address
3611 CARDIFF ROAD
CHEVY CHASE MD 20815-5945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-0807591**

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

BONE, SHEILA S
2701 CAMBRIDGE RD
LANTANA FL 33462

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, 2002 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 **PCD** ☐ Delete
 NAME **ANSELMO, RAYMOND J**
 STREET ADDRESS **10 PINE REACH**
 CITY-ST-ZIP **HENLOPEN ACRES DE**

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

TITLE **VD** ☐ Delete
 NAME **MCCORMICK, INEZ M**
 STREET ADDRESS **5450 WHITLEY PARK TERR, #805**
 CITY-ST-ZIP **BETHESDA MD**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5425 Alta Vista Rd**
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **ANSELMO, MARIE L**
 STREET ADDRESS **10 PINE REACH**
 CITY-ST-ZIP **HENLOPEN ACRES DE**

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

TITLE **D** ☐ Delete
 NAME **ANSELMO, RITA M**
 STREET ADDRESS **23101 SLIDELL RD**
 CITY-ST-ZIP **BOYDS MD 20841**

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

TITLE **D** ☐ Delete
 NAME **JUSTUS, HELEN M**
 STREET ADDRESS **18708 ROLLING ACRES WAY**
 CITY-ST-ZIP **OLNEY MD**

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

TITLE **D** ☐ Delete
 NAME **SMITH, DORIS A**
 STREET ADDRESS **3611 CARDILL RD**
 CITY-ST-ZIP **CHEVY CHASE MD 20815**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 301-656-5141

FAX 301-718-1022

CR2E034 (9/01)