

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000584

1. Entity Name

THE MEDALLION ADVISORY SERVICES, LLC

Principal Place of Business

811 RITCHIE HIGHWAY, SUITE 25
SEVERNA PARK MD 21146

Mailing Address

811 RITCHIE HIGHWAY, SUITE 25
SEVERNA PARK MD 21146-4130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1995265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENROSE, KENNETH R
271 53RD CIRCLE
VERO BEACH FL 32968

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003258485--1
-05/13/00--01006--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COCHRAN, STEPHANIE A
811 RITCHIE HIGHWAY, SUITE 25
SEVERNA PARK MD 21146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILSON, RONALD
815 RITCHIE HIGHWAY, SUITE 1015
SEVERNA PARK MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
819 Ritchie Hwy Suite 1015
Severna Park, MD 21146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THUSIUS, ROGER
815 RITCHIE HIGHWAY, SUITE 15
SEVERNA PARK MD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
811 Ritchie Hwy Suite 15
Severna Park, MD 21146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-19-00

Date

4105448400

Daytime Phone #

CR2E083 (9/99)