

2001 UNIFORM BUSINESS REPORT (UBR)

0030262 AB

DOCUMENT # M98000000584

1. Entity Name

THE MEDALLION ADVISORY SERVICES, LLC

FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

811 RITCHIE HIGHWAY, SUITE 25
SEVERNA PARK MD 21146

Mailing Address

811 RITCHIE HIGHWAY, SUITE 25
SEVERNA PARK MD 21146

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

500004323595--6
-05/25/01--01065--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

TITLE MGRM ☒ Delete
NAME WILSON, RONALD
STREET ADDRESS 815 RITCHIE HIGHWAY, SUITE 1015
CITY-ST-ZIP SEVERNA PARK MD 21146

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

TITLE ~~MGRM~~ ☐ Delete
NAME ~~COCHRAN, STEPHANIE A~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Lorraine Flowers
STREET ADDRESS 40 York Road Suite 230
CITY-ST-ZIP Towson MD 21204

TITLE MGRM ☐ Change ☒ Addition
NAME Carl Andrew Millard
STREET ADDRESS 22C North Trade St.
CITY-ST-ZIP Tyron, NC 28782

TITLE MGRM ☐ Change ☒ Addition
NAME Terry Reinhart
STREET ADDRESS 10274 Lake Arbor Way Suite 208
CITY-ST-ZIP Mitchellville, MD 20721

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01
Date

Daytime Phone #

CR2E083 (11/00)