

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09827

1. Entity Name  
ESTIMATION, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90116 018 \*\*\*150.00

Principal Place of Business  
805L BARKWOOD COURT  
LINTHICUM HEIGHTS MD 21090

Mailing Address  
805L BARKWOOD COURT  
P O BOX 488  
LINTHICUM HEIGHTS MD 21090  
US



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 52-1493611

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

SOMERVILLE, DINE  
728 LAGOON DR  
NO PALM BCH FL 33408

Name CT CORPORATION SYSTEM c/o CT CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD  
City PLANTATION FL Zip Code 33324

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 CHARLES F. SHAMPANG ASST. SEC. 1-11-01  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P LLEWELLYN, G MICHAEL 1841 BARRINGTON DR YORK PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WAGNER, MARK 3751 JARRETTVILLE PIKE JARRETTVILLE MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODWIN, ROBERT W 1324 APPALOOSA RD BOULDER CITY NV	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LLEWELLYN, G MICHAEL 2809 BOSTON STREET BALTIMORE, MD 21224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEMCHUK, MICHAEL J. 10 BLUELEAF CT. HUNT VALLEY, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MECH, ALAN T 10705 POT SPRINGS RD. COCKEYSVILLE, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAJOTTE, KARL 432 KENTMORE TERRACE ABINGDON, MD 21009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVIS, ANDREW C. 128 PROSPECT STREET NEWTON, MA 02465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MCVEIGH, THOMAS E. 50 BEACON HILL DRIVE PHOENIXVILLE, PA 19460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

ALAN T. MECH 1/10/01

Date

410-636-5680

Daytime Phone #

CR2E034 (10/00)