

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90730 047 \*\*\*150.00

0579435 AT

**DOCUMENT # P09827**

1. Entity Name  
**ESTIMATION, INC.**

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**

2. Principal Place of Business  
**809F BARKWOOD COURT**

3. Mailing Address  
**809F BARKWOOD COURT**

Suite, Apt. #, etc.  
**P.O. Box 488**

City & State  
**LINTHICUM HEIGHTS, MD**

City & State  
**LINTHICUM HEIGHTS, MD**

Zip  
**21090**

Country  
**U.S.A.**

Zip  
**21090**

Country  
**U.S.A.**

4. FEI Number  
**52-1493611**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOMERVILLE DINE  
 728 LAGOON DR  
 NO PALM BCH FL 33408**

7. Name and Address of New Registered Agent

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 **Judith Kenestrick** **Judith Kenestrick** **Asst. Sec.** **1/25/02**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LLEWELLYN, G MICHAEL</b> <b>2809 BOSTON STREET</b> <b>BALTIMORE MD 21224</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAGNER, MARK</b> <b>3751 JARRETTSVILLE PIKE</b> <b>JARRETTSVILLE MD</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MECH, ALAN T</b> <b>10705 POT SPRINGS RD</b> <b>COCKEYSVILLE MD 21030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RAJOTTE, KARL</b> <b>432 KENTMORE TERRANCE</b> <b>ABINGDON MD 21009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMCHUK, MICHAEL</b> <b>10 BLUE LEAF CT.</b> <b>HUNTVALLEY MD 21030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, ANDREW L</b> <b>128 PROSPECT STREET</b> <b>NEWTON MA 02465</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAJOTTE, KARL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEMCHUK, MICHAEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>128 PROSPECT STREET</b>	<input checked="" type="checkbox"/> Change <input 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: **MARK WAGNER** **1/17/02** **410-636-8494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)