2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90050 049 ***150.00

05/9191 AT

DOCUMENT # P20939

1. Entity Name
CAGLEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6141 EXECUTIVE BLVD. ROCKVILLE MD 20852	6141 EXECUTIVE BLVD. ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

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 52-1432994 ☐ Applied For ☐ Not Applicable

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
SCHMITT, RONALD 425 ROSSETTI CIRCLE NORTH NOKOMIS FL 34275	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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. CAGLEY, JAMES R. 11312 HUNTOVER DR. ROCKVILLE MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMP, DANIEL 12 SNUG HILL CT. POTOMAC, MD 20854	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAGLEY, SHARON K.R. 11312 HUNTOVER DR. ROCKVILLE MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALITS, FRANK S. 710 MILESTONE DR. SILVER SPRING, MD 20904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLBERT, DAVID H. 16312 BATCHELLOR'S FOREST RD OLNEY MD	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPLE, RICHARD 12245 CARROLL MILL RD ELLICOTT CITY MD	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORSAK, DEBRETHANN R C 11138 STEPHALEE LANE N BETHESDA MD 20852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ 03/19/02 (301) 881-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #