

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32134

1. Entity Name

CITIFINANCIAL EQUITY SERVICES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90264 040 ***150.00

Principal Place of Business

Mailing Address

ATTN: TAX DEPARTMENT

300 ST. PAUL PLACE

BALTIMORE MD 21202

ATTN: TAX DEPARTMENT

300 ST. PAUL PLACE

BALTIMORE MD 21202-2120

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

52-0278534

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	DUVALL, J.B., III	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, J.P.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMOLEY, D A	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WONG, M.J.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, D.A.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, J.I.	
STREET ADDRESS	300 ST PAUL PLACE	
CITY-ST-ZIP	BALTIMORE MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

John I. Jones 4/11/00 (410)332-3000

Date

Daytime Phone #

CR2E034 (9/99)