## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # P34989** 1. Entity Name RATHGEBER/GOSS ASSOCIATES PROFESSIONAL CORPORATI 01-26-2000 90124 030 \*\*\*150.00 Principal Place of Business Mailing Address 15807-B CRABBS BRANCH WAY 15807-B CRABBS BRANCH WAY ROCKVILLE MD 20855 **ROCKVILLE MD 20855-2635** DUUUUULI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 52-1735893 Not Applied \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CPT TITLE Change Addition ☐ Defete TITLE RATHGEBER, W. ERIC NAME NAME STREET ADDRESS STREET ADDRESS 1074 PIPESTEM PLACE CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD** ☐ Change VCS ☐ Addition ☐ Delete TITLE GOSS, MICHAEL J. NAME NAMÉ STREET ADDRESS STREET ADDRESS 3525 OLYMPIC STREET CITY-ST-ZIP CITY-ST-ZIP SILVER SPRINGS MD ☐ Delete \_\_\_ ☐ Change Addition TITLE TITLE -TRAND, GARY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 1 49 "El 6" 1 -Delete TITLE ☐ Change Addition TITLE 71... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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