

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90410 012 \*\*\*150.00

0609213 AR

**DOCUMENT # F99000005525**

1. Entity Name  
**MAAR ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**2608 STEPHENSON DR.**      **P.O. BOX 655**  
**WILMINGTON DE 19808**      **NEWARK DE 19715-0655**



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      Applied For  
**51-0188921**      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

**PAYNE, TED M**  
**209 COTTORO LANE**  
**ST. AUGUSTINE FL 32086**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CP	THOMAS, RONALD A	2608 STEPHENSON DRIVE WILMINGTON DE 19808				
	VCV	BILLY, JESSICA T	1206 JANICE DRIVE NEWARK DE 19713				
	DT	THOMAS, CHRISTOPHER B	7 DUNBAR DRIVE NEWARK DE 19711				
	D	THOMAS, MARY S	3953 ST. ARMENS CIRCLE MELBOURNE FL 32934				

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: BILLY JESSICA L. BILLY      1-29-02 (302) 996-0713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)