

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90464 004 ***150.00

DOCUMENT # P00000046456

1. Entity Name
EXPERT-TESTIMONY.COM, INC.

Principal Place of Business

**2935-SILK-OAK-DRIVE-
SARASOTA-FL-34232-**

Mailing Address

**P.O. BOX 518
SARASOTA FL 34230**

2. Principal Place of Business

**608 misty Pond Ct
Suite, Apt. #, etc.**

3. Mailing Address

**PO Box 518
SARASOTA, FL 34230**

City & State
BRADENTON

City & State
Florida

4. FEI Number

Applied For
 Not Applicable

Zip
34202

Country
USA

Zip
34230

Country
USA

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Ant B Rothard

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, 2001 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 **PSTD** Delete
NAME **ROTHARD, ANITA B**
STREET ADDRESS **2935 SILK OAK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE Change Addition
NAME
STREET ADDRESS **608 misty Pond Ct**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change 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:

Ant B Rothard President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/01

Date

800 822-4157

Daytime Phone #

CR2E034 (10/00)

AU031247



DO NOT WRITE IN THIS SPACE