

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90056 039 ***150.00

DOCUMENT # F98000005499

1. Entity Name

EXPERT TRADING, LIMITED COMPANY

Principal Place of Business

9051 RED BRANCH DRIVE
 COLUMBIA MD 21045

Mailing Address

9051 RED BRANCH DRIVE
 COLUMBIA MD 21045-2103

2. Principal Place of Business

9051 Red Branch RD

3. Mailing Address

9051 Red Branch RD

Suite, Apt. #, etc.

Suite M

Suite, Apt. #, etc.

Suite M

City & State

City & State

4. FEI Number

52-1713923

Applied For

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

C T CORPORATION SYSTEM
 1200 SOUTH 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 PT
 NAME MYERS, CHRIS
 STREET ADDRESS 9051 RED BRANCH DRIVE
 CITY-ST-ZIP COLUMBIA MD

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

9051 Red Branch RD Suite M

TITLE S
 NAME HALLORAN, MARY L
 STREET ADDRESS 9051 RED BRANCH DRIVE
 CITY-ST-ZIP COLUMBIA MD

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

9051 Red Branch RD Suite M

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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

Chris Myers 3/14/00 410 964026