

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K63425

FILED  
Apr 20, 2002 8:00 AM  
Secretary of State

**Entity Name:** EXPERT SERVICE CONTRACTORS, INC.

**Current Principal Place of Business:**

7857 W. SAMPLE ROAD  
STE. 156  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

7857 W SAMPLE RD  
#156  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0093118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRIMATO, ROBERT  
21943 PALM GRASS DR  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PRIMATO, ROBERT,  
Address: 21943 PALM GRASS DR  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PRIMATO

PRES

04/20/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date