

2000 UNIFORM BUSINESS REPORT (UBR)

0016991 AF

DOCUMENT # M98000000230

1. Entity Name
EXPERTS ON SIGHT LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:29

Principal Place of Business
15150 NORTH HAYDEN ROAD, SUITE 110
SCOTTSDALE AZ 85260

Mailing Address
15150 NORTH HAYDEN ROAD, SUITE 110
SCOTTSDALE AZ 85260-2514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 86-0902810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, JOE 7762 N. KENDALL DR., STE. #EXPERTS MIAMI FL 33156		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEHART, MICHAEL 10319 E. DESERT AVE. SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003144295--2 -02/23/00--01034--010 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPINA, GLENN 15150 N. HAYDEN #110 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mf 2/22/00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Gehart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/1/00
Date

Daytime Phone #

CR2E083 (9/99)