2000 UNIFORM BUSINESS REPORT (UBR)

	14-11-11 1 14000			II			
	MENT # M98 0	000000230			W. 11 W. 1		
1. Entity Name EXPERTS ON SIGHT LLC					"FILMED" "SECRETARY OF STATE DIVISION OF CORPORATIONS		
				יום	AISION OF CURPUR	CAHUNS	
	<u></u>			n	OFEBIO AM S	a. 2 a	
Principal Plac	e of Business	Mailing Address		0	OILDIO ANI	J. C J	
15150 NORTH HAYDEN ROAD. SUITE 110 15150 NORTH HAYDEN ROAD.							
SCOTTSDALE AZ 85260 SCOTTSDALE AZ 85260-2			2514				
2. Principal P	Place of Business	3. Mailing Address		 			
2. Mainly							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	'A	City & State		4. FEI NI	ımber		Applied For
City & State		on, a ondo	Ony & State		4. FEI Number 86-0902810 Applied For Not Applicabl		
Zip	Country	Žip	Country	5. Certific	cate of Status Desired		D Additional
	A Name and Address of Corne	nt Desistant Asset	1		and Address of New Ro	- Fee He	equired
-	6. Name and Address of Curre	ur nakisteran whalif	Name	r. 140/180	THE VARIETY OF THEM IN		
THOMAS, JOE			Street Address (P.O. Box Number is Not Acceptable)				
7762 N. KENDALL DR., STE. #EXPERTS			Sileer AC	GIOGO (T.O. DUX NU	—		
MIAMI FL	33156				•		
			City			FL Zip	Code
		t for the purpose of changing its	registered office or	registered agent A	r both in the State of Flo		
The shows				egistered agent, o	Ootin, in the otate of his	iluu.	
3. The above	named entity submits this statemen	tion the purpose of ortalinging its	, rog.o.o.o.o.o.o.o.o.o.o.o.				
	·						
	Signature, typed or printed name of registered ag		E: Registered Agent signatu	e required when reinstating	2)	DATE	
	·	ent and title if applicable. (NO)			3)	DATE	
	·	ent and title if applicable. (NO)	TE: Registered Agent signatu	60.06	3)	DATE	:
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable. (NOT FILE N Make Check Pa	TE: Registered Agent signatu OW!!! FEE IS \$! ayable to Departr	60.06		and a com-	
SIGNATURE	Signature, typed or printed name of registered against the second of the	ent and title if applicable. (NO)	E: Registered Agent signatu	60.06	ADDITIONS/	and a com-	ange
GIGNATURE	Signature, typed or printed name of registered ag MANAGING MEN MGRM . GEHART, MICHAEL	ent and title if applicable. (NOT FILE N Make Check Pa	TE: Registered Agent signatu OW!!! FEE IS \$: ayable to Departn	io.oo nent of State	ADDITIONS/	CHANGES	52
SIGNATURE 	MANAGING MEN MGRM GEHART, MICHAEL 10319 E. DESERT AVE.	ent and title if applicable. (NOT FILE N Make Check Pa	OW!!! FEE IS \$: ayable to Departr 10. TITLE HAME STREET ADDRESS	io.oo nent of State	ADDITIONS/ 50003 1 -02/23/	CHANGES [4429	52 010
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