

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000991

1. Entity Name

EXPERIOR ASSESSMENTS, LLC

FILED

00 JAN 20 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

254 SOUTH 600 EAST STREET
SALT LAKE CITY UT 84102

Mailing Address

254 SOUTH 600 EAST STREET
SALT LAKE CITY UT 84102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

87-0621405

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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

900003118139--0

02/01/00-01055-020

ADDITIONS/CHANGES

0000055-00 ☐ Change ☐ Addition

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME HOEHN-SARIC, CHRIS
STREET ADDRESS 254 SOUTH 600 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84102

TITLE MGR ☐ Delete
NAME HOFFMAN, STEVE
STREET ADDRESS 254 SOUTH 600 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84102

TITLE MGR ☐ Delete
NAME DAVIS, BRUCE
STREET ADDRESS 254 SOUTH 600 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84102

TITLE MGR ☐ Delete
NAME MOORE, JUDITH
STREET ADDRESS 254 SOUTH 600 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84102

TITLE MGR ☐ Delete
NAME KOEFLER, STEVE
STREET ADDRESS 254 SOUTH 600 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84102

TITLE MGR ☐ Delete
NAME FITTON, MICHAEL
STREET ADDRESS 254 SOUTH 600 EAST
CITY-ST-ZIP SALT LAKE CITY UT 84102

10.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Mont Warren 1/13/00 801-355-5009

Date

Daytime Phone #