

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90093 036 ***150.00

DOCUMENT # P00000046456

1. Entity Name
EXPERTSNATIONWIDE.COM, INC.



Principal Place of Business
**608 MISTY POND COURT
BRADENTON FL 34202**

Mailing Address
**608 MISTY POND COURT
BRADENTON FL 34202**

90009665



2. Principal Place of Business
608 Misty Pond Ct
Suite, Apt. #, etc.

3. Mailing Address
608 Misty Pond Ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bradenton FL

City & State
Bradenton FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country
34212 MANATEE

Zip Country
34212 MANATEE

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

**ROTHLAND, ANITA B
608 MISTY POND COURT
BRADENTON FL 34212**

Name **ROTHARD, ANITA B**
Street Address (P.O. Box Number is Not Acceptable)
608 misty Pond Ct
City **BRADENTON** FL Zip Code **34212**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Anita B Rothard** DATE **1-24-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **ROTHARD, ANITA B**
CITY-ST-ZIP **608 MISTY POND COURT
BRADENTON FL 34202**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **zip 34212**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-4-03** DAYTIME PHONE # **941-745-8484**

CR2E034 (10/02)