

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90501 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000111954

1. Entity Name

EXPERTEX, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4378 PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

4378 PARK BLVD

Suite, Apt. #, etc.

80058793

DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3684782

Applied For

Not Applicable

Zip

33781

Country

US

Zip

33781

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARY GAWRON

Street Address (P.O. Box Number is Not Acceptable)

4378 PARK BLVD

City

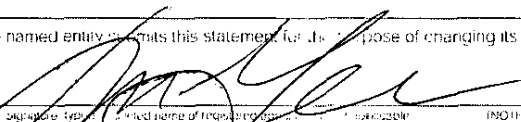
PINELLAS PARK

FL

Zip Code
33781

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 of Registered Agent

(NOTE: Registered Agent signature required when remaining)

3.28.02

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

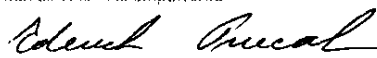
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ZDENEK PINCAK	1225 WEIGLE AVE	SEBRING FL 33870
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.02

DATE

Daytime Phone #

CR2E034B (12/01)