

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000069882

FILED
Feb 15, 2002 8:00 AM
Secretary of State

Entity Name: ERXPXPERT GROUP, INC.

Current Principal Place of Business:

237 ISLE OF SKY CIRCLE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

237 ISLE OF SKY CIRCLE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3732878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MA, TUAN A
237 ISLE OF SKY CIRCLE
ORLANDO, FL 32828

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MA, TUAN A
Address: 237 ISLE OF SKY CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: MA, TUAN A
Address: 237 ISLE OF SKY CIRCLE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TUAN ANH MA

D

02/15/2002

Electronic Signature of Signing Officer or Director

Date