## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am § Secretary of State DOCUMENT # P95000085875 1. Entity Name 05-28-2002 91726 027 \*\*\*150 00 EXPERT REALTY INC. Principal Place of Business Mailing Address 1301 FAIRFIELD DRIVE 1301 FAIRFIELD DRIVE DULAUTIE CLEARWATER FL 34624 **CLEARWATER FL 34624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3341142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name-MARIZ, ANTONIO F Street Address (P.O. Box Number is Not Acceptable) 1301 FAIRFIELD DR **CLEARWATER FL 34624** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME MARIZ, ANTONIO NAME STREET ADDRESS 1301 FAIRFIELD DR STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34624** CITY-ST-ZIP TITLE S ☐ Delete TITLE ☐ Change ☐ Addition NAME MARIZ, ROSANA NAME STREET ADDRESS 1301 FAIRFIELD DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34624 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

13. Thereby 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 Block 12 if address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ANTONIO F. F. MARIZ AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/01)