

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039540

1. Entity Name
EXPERIENCED SERVICES INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90055 035 ***150.00

Principal Place of Business

700 ISLAND WAY #804
CLEARWATER FL 34630

Mailing Address

112 MIDWAY ISLAND
CLEARWATER FL 33767

2. Principal Place of Business

1953 Venetian Pl. Dr
Suite, Apt. #, etc.
CLW. FL

3. Mailing Address

1953 Venetian Pl. Dr
Suite, Apt. #, etc.
CLW. FL



DO NOT WRITE IN THIS SPACE

City & State

33755 Pinellas

City & State

33755 Pinellas

4. FEI Number

59-3445999

Applied For

Not Applicable

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

NOWLAN, KERRY
700 ISLAND WAY #804
CLEARWATER FL 34630

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWLAN, KERRY 700 ISLAND WAY #804 CLEARWATER FL 34630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIA, A 700 ISLAND WAY #804 CLEARWATER FL 34630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01 727449-
2484

CR2E034 (10/00)