

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91143 012 ***150.00

DOCUMENT # P97000039540

1. Entity Name
EXPERIENCED SERVICES INC.

Principal Place of Business
**1853 VENETIAN PT DR
 CLEARWATER FL 33755**

Mailing Address
**1853 VENETIAN PT DR
 CLEARWATER FL 33755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3445999**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **Kerry Nowlan**
 Street Address (P.O. Box Number is Not Acceptable)
1853 Venetian Pt. Dr.
 City **CLW** FL Zip Code **33755**

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, 2002 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 Delete
 NAME **D NOWLAN, KERRY**
 STREET ADDRESS **700 ISLAND WAY #804**
 CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE Change Addition
 NAME **Pres. Kerry Nowlan**
 STREET ADDRESS **1853 Venetian Pt. Dr.**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE Delete
 NAME **D PATRICIA, A**
 STREET ADDRESS **700 ISLAND WAY #804**
 CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE Change Addition
 NAME **V. Pres. Patricia Nowlan**
 STREET ADDRESS **1853 Venetian Pt. Dr.**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **Patricia Nowlan V. Pres.** Date **4-29-02** Daytime Phone # **727-449-2484**

CR2E034 (9/01)