

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077885

1. Entity Name

A-EXPERT, INC. OF FORT MYERS

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90072 047 \*\*\*150.00

Principal Place of Business

8185 MAIN LINE PARKWAY  
FT. MYERS FL 33912

Mailing Address

16450 S. TAMiami  
SUITE #3  
FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

P.O. Box 957

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ESTERO FL.

Zip

Country

Zip

Country

33928 - 0957

LEE

4. FEI Number

65-0306176

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

KITZINGER, DARLENE J  
8484 ALOHA RD.  
FT. MYERS FL 33912

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

SCOTT KITZINGER

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

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  
PT  
KITZINGER, SCOTT T  
17368 FUCHSIA  
FT. MYERS FL 33912

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/S  
KITZINGER, DARLENE J  
8484 ALOHA RD.  
FT. MYERS FL 33912

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT KITZINGER

2/12/01

Date

(941) 482-7774

Daytime Phone #

CR2E034 (10/00)

0396572