

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -5 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058278
1. Entity Name THE EXPERTS, INC.

DO NOT WRITE IN THIS SPACE

200009380582
12/05/02--01075--003 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4225 EL MAR DRIVE
Suite, Apt. #, etc.
City & State
AUDERDALE BY THE SEA, FL

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
" "

4. FFI Number
65-0847042
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
TIMOTHY McLEAN
Street Address (P.O. Box Number is Not Acceptable)
1031 SW 15 STREET
City
BOCA RATON FL Zip Code
33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent of both in the State of Florida.
SIGNATURE *[Signature]* TIMOTHY McLEAN 12-22-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
TITLE President/Dir
NAME Thomas Hoshko
STREET ADDRESS 4900 N.OCEAN BLVD., APT. #208
CITY-STATE-ZIP Fort Lauderdale, FL 33308
TITLE V.P. Recruiting/Dir
NAME Timothy McLean
STREET ADDRESS 1031 SW 15th Street
CITY-STATE-ZIP Boca Raton, FL 33486
TITLE V.P. Marketing/Dir
NAME Mark Zanki
STREET ADDRESS 4228 N. Ocean Dr., Apt.
CITY-STATE-ZIP Fort Lauderdale, FL 33308
TITLE V.P. Operations/Dir
NAME Vince Virga
STREET ADDRESS 2801 N.E. 57th Street
CITY-STATE-ZIP Fort Lauderdale, FL 33308

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I affirm and 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VINCENT VIRGA, V.P. 11/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)