

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000058278

FILED
Mar 05, 2003
Secretary of State

Entity Name: THE EXPERTS, INC.

Current Principal Place of Business:

4225 EL MAR DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

4225 EL MAR DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

FEI Number: 65-0847042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEAN, TIMOTHY
1031 S.W. 15TH STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOSHKO, THOMAS
Address: 4900 N OCEAN DR APT 208
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VPSD () Delete
Name: MCLEAN, TIMOTHY
Address: 1031 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VPD () Delete
Name: ZANKI, MARK
Address: 4228 N OCEAN DR
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VP () Delete
Name: VIRGA, VINCE
Address: 2801 NE 57TH STREET
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HOSHKO

PD

03/05/2003

Electronic Signature of Signing Officer or Director

_____ Date