

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90209 031 ***150.00

DOCUMENT # P99000090364

1. Entity Name
PHONEXPERT, INC.



Principal Place of Business
**803 SW 14TH COURT
POMPANO BEACH FL 33060**

Mailing Address
**803 SW 14TH COURT
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite/Apt./# etc.

Suite/Apt./# etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name **FRANK PAGLIANTI**

Street Address (P.O. Box Number is Not Acceptable)
16458 69TH STREET NORTH

City **LOXAHATCHEE** FL Zip Code **33470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **FRANK PAGLIANTI** *Frank Paglianti*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **PAGLIANTI, MICHAEL**
CITY-ST-ZIP **16458 69TH STREET NORTH
LOXAHATCHEE FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PAGLIANTI, FRANK**
CITY-ST-ZIP **4310 S. OCEAN AVENUE
HIGHLAND BEACH FL 33487**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **PAGLIANTI, FRANK**
CITY-ST-ZIP **16458 69TH STREET NORTH
LOXAHATCHEE, FL 33470**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BEHAN, GERALD**
CITY-ST-ZIP **6466 AMBERWOODS DRIVE
BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Paglianti* **FRANK PAGLIANTI** 1/20/2003 786-8586 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)