

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 529890

1. Entity Name
EXPERT ENTERPRISES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91124 027 ***150.00

Principal Place of Business
~~6852 SKYLINE DRIVE~~
DELRAY BEACH FL 33446
US

Mailing Address
~~6852 SKYLINE DRIVE~~
DELRAY BEACH FL 33446
US

2. Principal Place of Business
6191 NE 64th St.
Suite, Apt. #, etc.

3. Mailing Address
6191 NE 64th St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Silver Springs FL

City & State
Silver Spgs FL

4. FEI Number 59-1724374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country
FL 34488 Marion

Zip Country
34488 Marion

6. Name and Address of Current Registered Agent
DELPH, JAMES R
6852 SKYLINE DRIVE
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
6191 NE 64th St
City Silver Spgs FL Zip Code 34488

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 *Janet D Delph* Janet D Delph STD 4-25-01
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, 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	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELPH, JANET D		NAME		
STREET ADDRESS	6852 SKYLINE DRIVE		STREET ADDRESS	6191 NE 64th St	
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELPH, JAMES R, SR		NAME		
STREET ADDRESS	6852 SKYLINE DRIVE		STREET ADDRESS	6191 NE 64th St	
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	Silver Springs FL 34488	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *Janet D Delph* Janet D Delph STD 4-25-01 352-438-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0314722

CR2E034 (10/00)