

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90103 034 ***150.00

DOCUMENT # H49714

1. Entity Name

EXPERT BUILDERS, INC.

Principal Place of Business

**1871 NW 27TH STREET
 FORT LAUDERDALE FL 33311**

Mailing Address

**1871 NW 27TH STREET
 FORT LAUDERDALE FL 33311**

2. Principal Place of Business

109 NW 5th Avenue

3. Mailing Address

PO Box 5144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

59-2629614

Applied For

Not Applicable

Zip

33312-0000

Country

Broward

Zip

33310-5144

Country

Broward

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

**GILES, DORIS
 1871 NW 27TH STREET
 FORT LAUDERDALE FL 33311**

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.

(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 **D** ☒ Delete
 NAME **GILES, JOHN H.**
 STREET ADDRESS **1871 NW 27TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Giles, Doris A.**
 STREET ADDRESS **1871 NW 27th Street**
 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE **VD** ☐ Delete
 NAME **GILES, DORIS A.**
 STREET ADDRESS **1871 NW 27TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Giles, Shalanda**
 STREET ADDRESS **1871 NW 27th Street**
 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954/768-0646

Date

Daytime Phone #

CR2E034 (10/00)