

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90100 013 \*\*\*150.00

1417153

**DOCUMENT # H49714**

1. Entity Name  
**EXPERT BUILDERS, INC.**

Principal Place of Business  
**109 NW 5TH AVENUE  
 FORT LAUDERDALE FL 33312**

Mailing Address  
~~109 NW 5TH AVENUE~~ **PO BOX 5144  
 FORT LAUDERDALE FL 33310-5144**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**PO BOX 5144**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Fort Lauderdale, FL**

4. FEI Number  
**59-2629614**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33310-5144 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>GILES, JOHN H.</b>	<b>1871 NW 27TH STREET FORT LAUDERDALE FL</b>	<input checked="" type="checkbox"/>
	<b>VD</b>	<b>GILES, DORIS A.</b>	<b>1871 NW 27TH STREET FORT LAUDERDALE FL</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D</b>	<b>Giles, Doris A</b>	<b>1871 NW 27th St FT. Lauderdale FL 33311</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>VD</b>	<b>Giles Shajanda</b>	<b>1871 NW 27th St Fort Lauderdale, FL 33311</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Doris A. Giles*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02 954 768-0646  
 Date Daytime Phone #

CR2E034 (9/01)