


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 49714

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



**FILED**

04 APR 15 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>109 NW 5th Avenue</b>	3. Mailing Address <b>PO Box 5144</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 04

City & State <b>Fort Lauderdale, Fl</b>	City & State <b>Fort Lauderdale, Fl</b>
Zip <b>33311</b>	Country <b>Broward</b>
Zip <b>33310-5144</b>	Country <b>Broward</b>

4. FEI Number <b>59-2629614</b>	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Doris Giles**

Street Address (P.O. Box Number is Not Acceptable)  
**1871 NW 27th Street**

City **Fort Lauderdale, FL** Zip Code **33311**

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 *Doris Giles* DATE **4/12/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giles, Doris A 1871 NW 27th Street Fort Lauderdale, Fl 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400032879564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Giles, Shalanda 1871 NW 27th Street Fort Lauderdale, Fl 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/15/04--01046--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Giles* DATE **4/12/04** 954/768-0646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)