

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49714

1. Entity Name

Expert Builders, Inc



FILED

03 APR -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

109 NW 5th Avenue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5144

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 33301

Country

Broward

Zip

33310-5144

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/7/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: D
NAME: Giles, Doris A
STREET ADDRESS: 1871 NW 27th Street
CITY-ST-ZIP: Fort Lauderdale, Fl 33311

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 100015561571 04/09/03--01072--003 **150.00

TITLE: VD
NAME: Giles, Shalanda
STREET ADDRESS: 1871 NW 27th Street
CITY-ST-ZIP: Fort Lauderdale, Fl 33311

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris Giles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)