

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000085489**1. Entity Name  
E AND E PROFESSIONAL BUILDERS, INC.Principal Place of Business  
6485 PLUMOSA AVE  
FORT MYERS FL FORT MYERS FL  
33908 33908Mailing Address  
6485 PLUMOSA AVE  
FORT MYERS FL  
33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0552332**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LAVIN PATRICIA  
6485 PLUMOSA AVEFORT MYERS FL  
33408 US**7. Name and Address of New Registered Agent**

Name

HERNANDEZ PATRICIA

Street Address (P.O. Box Number is Not Acceptable)  
6485 PLUMOSA AVECity  
FORT MYERS

FL

Zip Code  
33408

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 **PATRICIA HERNANDEZ****09/10/2001**

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**TITLE P ☐ Delete  
NAME HERNANDEZ EDWARD JSR.  
STREET ADDRESS 6485 PLUMOSA AVE  
CITY-ST-ZIP FORT MYERS FL 33908TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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: EDWARD J. HERNANDEZ SR.**

P

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)