FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

ar address, with all other like empowered

Jan 16, 2002 8:00 am K32283 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90266 016 ***158.75 ACROCRETE, INC. Principal Place of Business Mailing Address 1259 N.W. 21ST 1259 N.W. 21ST \$06234 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0076365 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EHLER. HOWARD JR Street Address (P.O. Box Number is Not Acceptable) 1259 N.W. 21ST ST. POMPANO BEACH FL 33069 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete ☐ Addition TITLE Change NAME HASBACH, GARY NAME 1259 N.W. 21ST STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Change Addition ☐ Delete TITLE TITLE EHLER, HOWARD JR NAME NAME STREET ADDRESS 5621 SW 8TH ST STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP WP MCDONASD, MARTY 7110 WOON STATION CD. KENNESAW, 6A 70144 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 5TE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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