"AMENDED REPORT"

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12967

1. Entity Name

CROSS COUNTY SANDBLASTING, INC.

FILED
01 SEP 25 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% DONALD SACCO 770 SOUTHWEST 12TH AVE POMPANO BEACH, FL 33069 US	% DONALD SACCO 770 SOUTHWEST 12TH AVE POMPANO BEACH, FL 33069 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2446811 ☐ Applied For ☐ Not Applicable

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
MONTAGMINO, DONNA 3271 SPANISH RIVER DR POMPANO BEACH, FL 33062	Name DONALD SACCO Street Address (P.O. Box Number is Not Acceptable) 770 SOUTHWEST 12TH AVE City POMPANO BEACH FL Zip Code 33069

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 X [signature] X 9-19-01
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) ☐

PLEASE NOTE: 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONTAGMINO, DONNA 3271 SPANISH RIVERDR. POMPANO BEACH, FL 33069 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SACCO, DONALD 770 SOUTHWEST 12TH AVE POMPANO BEACH, FL 33069 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: X [signature] X 9-19-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #