

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90115 050 ***150.00

DOCUMENT # *H12967*

1. Entity Name
CROSS COUNTY SAND BLASTING, INC.

DO NOT WRITE IN THIS SPACE

040001

2. Principal Place of Business

90 Donald Sacco

Suite, Apt. #, etc.

770 S.W. 12th AVE

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

3. Mailing Address

90 Donald Sacco

Suite, Apt. #, etc.

770 S.W. 12th AVE

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

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

7. Name and Address of Current Registered Agent

Name

Donald Sacco

Street Address (P.O. Box Number is Not Acceptable)

770 S.W. 12th AVE

City

Pompano Beach

FL

Zip Code

33069

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P. Donald Sacco
770 S.W. 12th AVE
Pompano Beach, FL 33069*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1502

CR2E034B (12/01)