## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## H12967 DOCUMENT #

1. Entity Name

SIGNATURE:



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90068 009 \*\*\*150.00

CHOSS COUNTY SANDBLASTING, INC.							
Principal Place of Business % DONALD SACCO 770 SOUTHWEST 12TH AVE. POMPANO BEACH FL 33069 US		Mailing Address % DONALD SACCO 770 SOUTHWEST 12TH AVE. POMPANO BEACH FL 33069 US					
2. Principa	l Place of Business	3. Mailing Address					
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.				**** **** ****	
		Suite, Apt. #, etc.			CHECK HERE	F MAKING CHANG	es.
City & St.	ate	City & State			4 FEI Number		
Zip	Country	Zip Country			59-2446811		Not Applicab
= =====================================	6 Namo and Address of a	1		المستوار والمسا	5. Certificate of Status Desired		Additional
,	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Re	Fee Requestions	
	DONALD		[.	Vame	· · · · · · · · · · · · · · · · · · ·		
	770 SOUTHWEST 12TH AVE.			Street Address (P.	O. Box Number is Not Acceptable)		
POMPAN	IO BEACH FL 33069						<del>-</del>
<b>₩</b>			<u> </u>	City		<del></del>	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing				FL Zip C	ode
the obliga	tions of registered agent.	, , , === ev sittanging	no registered t	ince or registered	agent, or both, in the State of Flori	da. I am familiar wit	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent are						
, s <sup>1</sup> =		d title if applicable. (NO	OTE: Registered Age	nt signature required wh	hen reinstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of S	State			9. Election Campaign_Finar Trust Fund Contribution.		.00 May Be
10.	OFFICERS AND DI		11.		{		
TITLE NAME	PD SACCO, DONALD	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
STREET ADDRESS	770 SOUTHWEST 12TH AVE		NAME STREET ADD	) DECC		□ Change	L.J Addition
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZI	i .			
TITLE NAME		☐ Delete	TITLE			Change	
STREET ADDRESS			NAME			☐ Change	☐ Addition
CITY-ST-ZIP			STREET ADD CITY-ST-ZIF				
TITLE NAME	· ·	☐ Delete	TITLE				
STREET ADDRESS			NAME			Change	☐ Addition
CITY-ST-ZIP			STREET ADDA				
TITLE NAME		☐ Delete	TITLE		<del></del>		
STREET ADDRESS			NAME			☐ Change	☐ Addition
CITY-ST-ZIP			STREET ADDR	ESS			
TITLE		☐ Delete	TITLE		<del></del>		
NAME Street Address			NAME			☐ Change	Addition
CITY-ST-ZIP			STREET ADDRI	ESS			1
TITLE		□ Delete	CITY-ST-ZIP	<del></del>			
NAME		- Stiete	NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ss			
12 I hereby oor	tify that the information		CITY-ST-ZIP				}
indicated on of the corpoi changed, or	tify that the information supplied with this this report or supplemental report is true ration or the receiver or trustee employers on an attachment with an address, with a	ming does not qualify for a and accurate and that my ed to execute this report a all other like empowered.	the exemption y signature sha is required by (	stated in Section III have the same Chapter 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; ida Statutes; and that my name app	er certify that the int that I am an officer of tears in Block 10 or I	formation or director Block 11 if

Date

Daytime Phone #