

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90171 031 \*\*\*158.75

0034807 AV

**DOCUMENT # K32283**

1. Entity Name  
**ACROCRETE, INC.**

1



Principal Place of Business  
**1259 N.W. 21ST  
POMPANO BEACH FL 33069  
US**

Mailing Address  
**1259 N.W. 21ST  
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

4. FEI Number **65-0076365**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EHLER, HOWARD JR  
1259 N.W. 21ST ST.  
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME **PD HASBACH, GARY** ☐ Delete  
STREET ADDRESS **1259 N.W. 21ST**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
NAME **VSD EHLER, HOWARD JR** ☐ Delete  
STREET ADDRESS **5621 SW 8TH ST**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE  
NAME **VP MCDONALD, MARTY** ☒ Delete  
STREET ADDRESS **3110 MOON STATION RD STE 100**  
CITY-ST-ZIP **KENNESAW GA 30144**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HOWARD JR EHLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

(954) 917-7665

Daytime Phone #

CR2E034 (4/03)

*Attachment*

**ACRO»CRETE**  
**ARCHITECTURAL FINISHING SYSTEMS**

90142368  
#K30283

July 10, 2003


Florida Department of State  
P.O. Box 1500  
Tallahassee, Florida 32302

Dear Florida Department of State,

We are requesting waiver of the \$400.00 penalty as we did not receive the prior notice.

Thanking you in advance.

Sincerely,

  
Howard Ehler, Jr V.P.