

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90147 029 \*\*\*150.00

**DOCUMENT # P01000088322**

1. Entity Name  
**THE DECORATIVE CONCRETE GROUP, INC.**



Principal Place of Business  
3600 S STATE RD 7, SUITE 330  
MIRAMAR, FL 33023

Mailing Address  
3600 S STATE RD 7, SUITE 330  
MIRAMAR, FL 33023

2. Principal Place of Business  
1083 N. Collier Bldg  
Suite, Apt. #, etc.  
#237

3. Mailing Address  
1083 North Collier Bldg  
Suite, Apt. #, etc.  
#237



☒ CHECK HERE IF MAKING CHANGES

City & State  
MARCO ISLAND, FL  
Zip  
34145  
Country  
USA

City & State  
MARCO ISLAND, FL  
Zip  
34145  
Country  
USA

4. FEI Number  
65-1139046  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent  
Name  
CARLYN GOLDBERG  
Street Address (P.O. Box Number is not allowed)  
ONE FINANCIAL PLAZA #2020  
City - LAUD. FL Zip Code 33394

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 *Carly Goldberg* DATE 3/4/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$650.00**  
**After May 1, 2003 Fee will be \$650.00**  
**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          | PD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | PURCIELLO, STEPHEN           |                                            |
| STREET ADDRESS | 3600 S STATE RD 7, SUITE 330 |                                            |
| CITY-ST-ZIP    | MIRAMAR, FL 33023            |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PURCIELLO, STEPHEN         |                                                                              |
| STREET ADDRESS | 1083 N. Collier Bldg, #237 |                                                                              |
| CITY-ST-ZIP    | MARCO ISLAND, FL 34145     |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03

239-775-0161

Daytime Phone #

CH2E034 (10/02)