

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90111 001 ***150.00

DOCUMENT # P01000120751

1. Entity Name
ADVANCED CONCRETE EDGING, INC.

Principal Place of Business

**18267 PINES BLVD
 PEMBROKE PINES FL 33029**

Mailing Address

**18267 PINES BLVD
 PEMBROKE PINES FL 33029**

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

01-0605402

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

**REISS, TERRI
 18267 PINES BLVD
 PEMBROKE PINES FL 33029**

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **REISS, TERRI**
 STREET ADDRESS **19101 SW 7TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE **D** ☐ Delete
 NAME **COPENHAVER, RONALD**
 STREET ADDRESS **2058 SW 142 AVE**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Change ☐ Addition
 NAME **700 SW 191 Avenue**
 STREET ADDRESS **Pembroke Pines, FL. 33029**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COPENHAVER, RONALD II**
 STREET ADDRESS **18267 PINES BLVD**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addition
 NAME **2958 SW 142 Avenue**
 STREET ADDRESS **Miramir, FL. 33027**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **Copenhaver, Pat**
 STREET ADDRESS **700 SW 191 Avenue**
 CITY-ST-ZIP **Pembroke Pines, FL. 33029**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Pat Copenhaver**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 954-602-2100
 Date Daytime Phone #

CR2E034 (9/01)