

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90500 031 \*\*\*150.00

0423143 AV

**DOCUMENT # P02000033704**

1. Entity Name

**A CONCRETE SEALING COMPANY, INC.**



Principal Place of Business  
6121 HONEYWOOD WAY  
LAKE WORTH FL 33463

Mailing Address  
6121 HONEYWOOD WAY  
LAKE WORTH FL 33463

2. Principal Place of Business

**627 NW UNION PARK RD.**

3. Mailing Address

**627 NW UNION PARK RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Wellborn FL**

City & State

**Wellborn FL**

Zip

**32094**

Country

**USA**

Zip

**32094**

Country

**USA**

4. FEI Number

**50-0001823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PANOZZO, MARK**  
**6121 HONEYWOOD WAY**  
**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

**MARK PANOZZO**

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

**627 NW UNION PARK RD.**

City

**Wellborn**

FL

Zip Code

**32094**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PANOZZO, MARK</b>	
STREET ADDRESS	<b>6121 HONEYWOOD WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
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		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANOZZO, MARK</b>	
STREET ADDRESS	<b>627 NW UNION PARK RD.</b>	
CITY-ST-ZIP	<b>WELLBORN FL 32094</b>	
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		
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**

Date

**386) 755-9067**

Daytime Phone #

CR2E034 (10/02)