2003 FOR PROFIT CORPORATION

changed, or on an attachm

SIGNATURE:

## **FILED** May 02, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P02000104950 DOCUMENT # 1. Entity Name 05-02-2003 90238 049 \*\*\*158.75 GREAT AMERICAN COUNTER TOPS, INC. Mailing Address Principal Place of Business 7465 WEST 19TH COURT 7465 WEST 19TH COURT HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address TAMES DR 1911 Sw JAcK 50 JACK CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7499 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA. P.A. Box Number is Not Acceptable) JACK JAME 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 istered agent. OME SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) ☐ Delete ☐ Addition TITLE TITLE WEITZEL, JEROME B. WEITZEL, JEROME B NAME 1917 SU JACK JAMES DRIVE, UNITALT STREET ADDRESS 7465 WEST 19TH COURT STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34997 ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiper 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

NE B. WEITZEZ

G OFFICER OR DIRECTO