FILED

03 APR -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011657

1. Entity Name
A-1 MARBLE RESTORATION II, INC.

900016233979
04/18/03--01007--018 **61.25

Principal Place of Business	Mailing Address
19873 VILLA MEDICI PLACE BOCA RATON, FL 33434	19873 VILLA MEDICI PLACE BOCA RATON, FL 33434

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7360 W Country Club Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Fl	City & State
Zip: 33487 Country: U.S.	Zip Country

4. FEI Number — ☐ 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
ACKERMAN, JOHN J 19873 VILLA MEDICI PLACE BOCA RATON, FL 33434	Name: Dean Pecevich Street Address (P.O. Box Number is Not Acceptable): 7360 W Country Club Blvd. City: Boca Raton FL Zip Code: 33487

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] 3·31·03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, JOHN J 19873 VILLA MEDICI PLACE BOCA RATON, FL 33434	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECEVICH, DEAN D 7360 W. COUNTRY CLUB BLVD. BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

SP

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: Dean Pecevich [signature] 3·31·03 561-702-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #