

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90101 011 ***150.00

DOCUMENT # P01000069565

1. Entity Name
A 1 ACRYLIC DECKING & CONCRETE RESTORATION, INC.

Principal Place of Business **Mailing Address**
4308 TURNBULL DR. **4308 TURNBULL DR.**
ST. AUGUSTINE FL 32092 **ST. AUGUSTINE FL 32092**

2. Principal Place of Business **3. Mailing Address**
4308 Turnbull Dr. **4308 Turnbull Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
59-3736211 Not Applicable

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

City & State **City & State**
Saint Augustine, FL **Saint Augustine, FL**

Zip **Country** **Zip** **Country**
32092 **United States** **32092** **United States**

6. Name and Address of Current Registered Agent
MILLER, CHRISTOPHER M
4308 TURNBULL DR.
ST. AUGUSTINE FL 32092

7. Name and Address of New Registered Agent
Name **Miller, Christopher M.**
Street Address (P.O. Box Number is Not Acceptable)
4308 Turnbull Dr.
City **Saint Augustine** **FL** **Zip Code** **32092**

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: **4/08/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DME

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, CHRISTOPHER M	
STREET ADDRESS	4308 TURNBULL DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, RON	
STREET ADDRESS	4308 TURNBULL DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, STACY	
STREET ADDRESS	4308 TURNBULL DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEWART, SHARON L.	
STREET ADDRESS	4308 TURNBULL DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: **4/08/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **61-19-2002** **(904) 349-4656**
 Date Daytime Phone #

CR2E034 (9/01)