

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 155834

1. Entity Name

FLORIDA SILICA SAND COMPANY

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90115 029 ***150.00

Principal Place of Business

5801 BRYAN RD
DANIA FLA 33004

Mailing Address

5801 BRYAN RD
DANIA FLA 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0591843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUDLEY, JOSEPH
18121 S.W. 82ND AVE.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 re-registering)

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, 2001 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	P	☐ Delete
NAME	DUDLEY, JOE	
STREET ADDRESS	5801 BRYAN RD	
CITY-STATE-ZIP	DANIA FLA 33004	
TITLE	VP	☐ Delete
NAME	PEGAM, G. RANDALL	
STREET ADDRESS	167 INDIAN MOUND	
CITY-STATE-ZIP	TAVERNIER FL	
TITLE	VP	☐ Delete
NAME	PEGAM, BETTY	
STREET ADDRESS	18121 S.W. 82ND AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Secy/Treas	☐ Change ☒ Addition
NAME	Aaron Herwig	
STREET ADDRESS	18121 SW 82nd Ave	
CITY-STATE-ZIP	Miami, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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.

APPROVED:

Betty Pegram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Pegram 4/24/01 954-923-8323

Date

Digitally Signed

CR2E034 (10/00)