

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90032 048 ***158.75

DOCUMENT # 155834

1. Entity Name
FLORIDA SILICA SAND COMPANY



Principal Place of Business

**5801 BRYAN RD
DANIA FL 33004**

Mailing Address

**5801 BRYAN RD
DANIA FL 33004**

2. Principal Place of Business

181 S. Bryan Road

Suite, Apt. #, etc.

3. Mailing Address

181 S. Bryan Road

Suite, Apt. #, etc.

City & State

Dania Beach, FL

Zip

33004

Country

Broward

City & State

Dania Beach, FL

Zip

33004

Country

Broward

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

Betty Pegram

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

18121 S.W. 82 AVENUE

City

Miami

FL

Zip Code

33157

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DUDLEY, JOE	
STREET ADDRESS	5801 BRYAN RD	
CITY-ST-ZIP	DANIA FLA 33004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEGRAM, G. RANDALL	
STREET ADDRESS	167 INDIAN MOUND	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEGRAM, BETTY	
STREET ADDRESS	18121 S.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HERWIG, AARON	
STREET ADDRESS	18121 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dudley, Joe	
STREET ADDRESS	18121 S.W. 82 Avenue	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pegram, G. Randall	
STREET ADDRESS	18121 S.W. 82 Avenue	
CITY-ST-ZIP	Miami, FL 33157	
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		

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty D. Pegram

1/15/03

Date

Daytime Phone #

954-923-8323