## 2001 UNIFORM BUSINESS REPORT (UBR)

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## Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # 196239** 1. Entity Name FORT PIERCE SAND & MATERIALS, INC. 04-20-2001 90309 037 \*\*\*150.00 Mailing Address Principal Place of Business 2719 OLEANDER AVE. 2719 OLEANDER AVE. 7 4 4 0 0 7 FT. PIERCE FL 34982-5872 FT. PIERCE FL 34982-5872 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0799958 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NELSON, CRAIG A Street Address (P.O. Box Number is Not Acceptable) 2719 OLEANDER AVE FT. PIERCE FL 33482 Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ST Delete TITLE TITLE WILD, CARL E NAME NAME STREET ADDRESS STREET ADDRESS **EDWARDS RD** CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WILD, RAYMOND NAME STREET ADDRESS STREET ADDRESS **EDWARDS RD** CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Addition ☐ Change ☐ Delete TITLE TITLE LEWIS, MARGARET NAME NAME STREET ADORESS STREET ADDRESS **EDWARDS RD** CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 Change □ Addition ☐ Delete TITLE TITLE NAME NAME DALLAND, ERNEST K. STREET ADDRESS STREET ADDRESS 3200 N A1A HWY CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Addition Change TITLE PD ☐ Delete TITLE **NELSON, CRAIG A** NAME NAME STREET ADDRESS STREET ADDRESS 2719 OLEANDER AVE CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DALLAND, PHYLLIS R NAME NAME STREET ADDRESS STREET ADDRESS 3200 N A1A HWY CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 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 effipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if