

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90043 005 ***150.00

DOCUMENT # F99000006289

1. Entity Name

H.E. SARGENT, INC.

Principal Place of Business

Mailing Address

**BENNOCH ROAD
 ME 04489**

**101 BENNOCH ROAD
 STILLWATER ME 04489**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0504300**

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

Name

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

City

FL

Zip Code

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMPSON, JOHN	
STREET ADDRESS	101 BENNOCH ROAD	
CITY-ST-ZIP	STILLWATER ME	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOLSTER, TIMOTHY	
STREET ADDRESS	101 BENNOCH ROAD	
CITY-ST-ZIP	STILLWATER ME	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTLEY, BRENT	
STREET ADDRESS	101 BENNOCH ROAD	
CITY-ST-ZIP	STILLWATER ME	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAKEMAN, DAVID	
STREET ADDRESS	101 BENNOCH ROAD	
CITY-ST-ZIP	STILLWATER ME	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEEKS, CHARLES	
STREET ADDRESS	101 BENNOCH ROAD	
CITY-ST-ZIP	STILLWATER ME	
TITLE	C	<input type="checkbox"/> Delete
NAME	SAUER, PAUL	
STREET ADDRESS	15933 CLAYTON RD.	
CITY-ST-ZIP	BALLWIN MO	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

(207) 827-4435

Daytime Phone #