

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90038 016 \*\*\*150.00

**DOCUMENT # F99000006289**

1. Entity Name  
**H.E. SARGENT, INC.**

Principal Place of Business

**101 BENNOCH ROAD  
STILLWATER ME 04489**

Mailing Address

**101 BENNOCH ROAD  
STILLWATER ME 04489**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**01-0504300**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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 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, 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	SIMPSON, JOHN	
STREET ADDRESS	101 BENNOCH ROAD	
CITY-ST-ZIP	STILLWATER ME	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERSON, PETER	
STREET ADDRESS	15933 CLAYTON ROAD	
CITY-ST-ZIP	BALLWIN MD 63022	
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	C	<input type="checkbox"/> Delete
NAME	MINSKY, NORMAN	
STREET ADDRESS	23 WATER STREET	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKEL, MATTI	
STREET ADDRESS	15933 CLAYTON RD.	
CITY-ST-ZIP	BALLWIN MD 63022	

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	
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP-Finance / CFO 4/26/02 (207) 827-4435

CR2E034 (9/01)