FILED
Jun 14, 2001 8:00 am
Secretary of State
06-14-2001 90014 022 ***150.00

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1. Entity Name

~~Bonita Grande Sand Company, Inc~~

BONITA GRANDE ROCK + SAND CO.

Principal Place of Business	Mailing Address
25501 BONITA GRANDE DR.	25501 BONITA GRANDE DR.
BONITA SPRINGS, FL 34135	BONITA SPRINGS, FL 34135

A0073279

DO NOT WRITE IN THIS SPACE

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: 59-3400070 ☐ 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

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) ☐

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	PD	☐ Delete
NAME	Samuel Hubschman	
STREET ADDRESS	6562 TRAIL Blvd	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	☐ Delete
NAME	HARRISON Hubschman	
STREET ADDRESS	6607 Chestnut Circle	
CITY-ST-ZIP	NAPLES, FL 34109-7811	
TITLE	D	☐ Delete
NAME	Albert Hubschman	
STREET ADDRESS	525 Soil Street	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	☐ Delete
NAME	Teryl Brzeski	
STREET ADDRESS	5147 Seahorse Ave	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 6-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #