

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072712

1. Entity Name

NEW PLAINS SAND FACTORY, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90023 014 ***150.00

Principal Place of Business

2927 S.E. 10TH AVENUE
CAPE CORAL FL 33904

Mailing Address

2927 S.E. 10TH AVENUE
CAPE CORAL FL 01570-1576

2. Principal Place of Business

1502 SE 32ND ST

Suite, Apt. #, etc.

CAPE CORAL, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Zip

33904

Country

Zip

Country

4. FEI Number

65-0788727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHENKO, WILLIAM E JR
2801 ESTERO BLVD.
SUITE C
FORT MYERS BEACH FL 33931

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAIN, GERARD JR	
STREET ADDRESS	2927 SE 10TH AVE 1502 SE 32ND ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEITH, SHARON L	
STREET ADDRESS	1620 KINGSTON ROAD	
CITY-ST-ZIP	LINCOLN NE 68506	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKLUND, CAROL A	
STREET ADDRESS	2824 PONCA STREET	
CITY-ST-ZIP	LINCOLN NE 68506	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKLUND, JAMES P	
STREET ADDRESS	2824 PONCA STREET	
CITY-ST-ZIP	LINCOLN NE 68506	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEERATNE, MARLIN	
STREET ADDRESS	1 KNOLLWOOD ROAD	
CITY-ST-ZIP	PAXTON MA 68506	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEERATNE, KAMALIKA	
STREET ADDRESS	1 KNOLLWOOD ROAD	
CITY-ST-ZIP	PAXTON MA 68506	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E:034 (9/99)