

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072712

1. Entity Name
NEW PLAINS SAND FACTORY, INC.

Principal Place of Business
1502 SE 32ND ST
CAPE CORAL FL 33904

Mailing Address
1502 SE 32ND ST
CAPE CORAL FL 33904

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90138 034 ***150.00

00031117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12178 SIESTA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
12178 SIESTA DRIVE
Suite, Apt. #, etc.

City & State
FORT MYERS BEACH, FL FORT MYERS BEACH, FL

4. FEI Number 65-0788727

Applied For
Not Applicable

Zip
33931

Country
US

Zip
33931

Country
US

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

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

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 _____
(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, 2001 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 P
NAME BLAIN, GERARD JR
STREET ADDRESS 1502 SE 32ND ST
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

TITLE P
NAME BLAIN, GERARD JR.
STREET ADDRESS 12178 SIESTA DRIVE
CITY-ST-ZIP FORT MYERS BEACH, FL 33931 ☒ Change ☐ Addition

TITLE D
NAME KEITH, SHARON L
STREET ADDRESS 1620 KINGSTON ROAD
CITY-ST-ZIP LINCOLN NE 68506 ☐ Delete

TITLE D
NAME KEITH, SHARON L
STREET ADDRESS 701 DRIFTWOOD DRIVE
CITY-ST-ZIP LINCOLN, NE 68508 ☒ Change ☐ Addition

TITLE D
NAME ECKLUND, CAROL A
STREET ADDRESS 2824 PONCA STREET
CITY-ST-ZIP LINCOLN NE 68506 ☐ Delete

TITLE D
NAME ECKLUND, CAROL A.
STREET ADDRESS 2824 Ponca Street
CITY-ST-ZIP LINCOLN, NE 68506 ☒ Change ☐ Addition

TITLE D
NAME ECKLUND, JAMES P
STREET ADDRESS 2824 PONCA STREET
CITY-ST-ZIP LINCOLN NE 68506 ☒ Delete

TITLE D
NAME JAMES MENARD
STREET ADDRESS 1004 TREASURE ISLAND ROAD
CITY-ST-ZIP WEBSTER, MA 01570 ☐ Change ☒ Addition

TITLE D
NAME WEERATNE, MARLIN
STREET ADDRESS 1 KNOLLWOOD ROAD
CITY-ST-ZIP PAXTON MA 68506 ☐ Delete

TITLE D
NAME WEERATNE, KAMALIKA
STREET ADDRESS 1 KNOLLWOOD ROAD
CITY-ST-ZIP PAXTON MA 68506 ☐ Change ☐ Addition

TITLE D
NAME WEERATNE, KAMALIKA
STREET ADDRESS 1 KNOLLWOOD ROAD
CITY-ST-ZIP PAXTON MA 68506 ☐ Delete

TITLE D
NAME WEERATNE, KAMALIKA
STREET ADDRESS 1 KNOLLWOOD ROAD
CITY-ST-ZIP PAXTON MA 68506 ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE MAY 4 2001 DAYTIME PHONE 941-415-6944

CR2E034 (10/00)