

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087119

1. Entity Name

BERGERON SAND, ROCK & AGGREGATE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90193 034 \*\*\*150.00

953690



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>19012 SW 69TH PLACE FORT LAUDERDALE FL 33302</b>	Mailing Address <b>19012 SW 69TH PLACE FORT LAUDERDALE FL 33332 1618</b>
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2. Principal Place of Business <b>2710 Michigan Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>2710 Michigan Ave</b> Suite, Apt. #, etc.
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City & State <b>Kissimmee, FL</b>	City & State <b>Kissimmee, FL</b>
Zip <b>34744</b>	Country <b>Osceola</b>

4. FEI Number <b>65-0895625</b>	<b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERGERON, RONALD M SR  
19612 SW 69TH PLACE  
FORT LAUDERDALE FL 33332**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BERGERON, LONNIE N</b>	
STREET ADDRESS <b>19612 SW 69TH PLACE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33332</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BERGERON, RONALD M JR</b>	
STREET ADDRESS <b>19612 SW 69TH PLACE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33332</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BERGERON, RONALD M SR</b>	
STREET ADDRESS <b>19612 SW 69TH PLACE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33332</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
NAME <b>Vice President</b>	
STREET ADDRESS <b>Bergeron, Lonnie T.</b>	
CITY-ST-ZIP <b>2710 Michigan Ave Kissimmee, FL 34744</b>	
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: Lonnie T. Bergeron 4/28/00 407-932-1610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)