

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90024 013 \*\*\*150.00

**DOCUMENT # P98000087119**

1. Entity Name  
**BERGERON SAND, ROCK & AGGREGATE, INC.**

Principal Place of Business: **2710 MICHIGAN AVE  
 KISSIMEE FL 34744**  
 Mailing Address: **2710 MICHIGAN AVE  
 KISSIMEE FL 34744**

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 **65-0895625** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

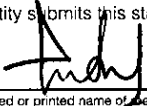
6. Name and Address of Current Registered Agent

**DE SAI, PHIL  
 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  DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

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	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLLAND, FREDRIC W</b>	
STREET ADDRESS	<b>2710 MICHIGAN AV</b>	
CITY-ST-ZIP	<b>KISSIMEE FL 34744</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>DESAI, PHIL</b>	
STREET ADDRESS	<b>19612 SW 69 PL</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		

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	
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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

2/27/02 (954) 6806100  
 Date Daytime Phone #

CR2E034 (9/01)