

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90324 032 ***150.00

DOCUMENT # P98000099769

1. Entity Name
WEST VOLUSIA SAND COMPANY, INC.



Principal Place of Business
**1940 TRANQUILITY LANE
TITUSVILLE FL 32796**

Mailing Address
**1940 TRANQUILITY LANE
TITUSVILLE FL 32796**

2. Principal Place of Business
6 Afton Ave
Suite, Apt. #, etc.

3. Mailing Address
6 Afton Ave
Suite, Apt. #, etc.

City & State
DeBary, FL
Zip
32713 Country
Volusia

City & State
DeBary, FL
Zip
32713 Country
Volusia

4. FEI Number
59-3542640

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BOLAND, MICHAEL A
1940 TRANQUILITY LANE
TITUSVILLE FL 32796**

7. Name and Address of New Registered Agent

Name
Michael A. Boland
Street Address (P.O. Box Number is Not Acceptable)
6 Afton Ave
City
DeBary FL Zip Code
32713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael Boland**
Signature, typed or printed name of registered agent and title if applicable.

Michael Boland
(NOTE: Registered Agent signature required when reinstating)

4/25/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLAND, MICHAEL A 1940 TRANQUILITY LANE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael A. Boland 6 Afton Ave DeBary, FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Boland **4/25/03** **(386) 763-0098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)