

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90121 006 ***158.75

DOCUMENT # V54547

1. Entity Name
BIG SKY LAKE CORPORATION

Principal Place of Business

**19612 SW 69 PLACE
 FT. LAUDERDALE FL 33332
 US**

Mailing Address

**19612 SW 69 PLACE
 FORT LAUDERDALE FL 33332
 US**

2. Principal Place of Business

3. Mailing Address
6861 S.W. 196th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PEMBROKE PINES, FL

Zip

Country

Zip

Country

33332 BROWARD

4. FEI Number **65-0353686**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NESS, FRANK E PHIL De Sai
 19612 SW 69 PLACE
 FT. LAUDERDALE FL 33332**

Name **PHIL De Sai**

Street Address (P.O. Box Number is Not Acceptable)
19612 SW. 69 PLACE

FT. LAUDERDALE

City

FL

Zip Code

33332

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 reinstalling)

DATE

PHIL De Sai

2-21-01

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 | D | <input type="checkbox"/> Delete |
| NAME | BERGERON, RONALD M SR | |
| STREET ADDRESS | 21111 SW 16 ST. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BERGERON, RONALD M JR | |
| STREET ADDRESS | 5801 SW 195 TERR | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BERGERON, LONNIE N | |
| STREET ADDRESS | 20400 SW 51 STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BERGERON, LONNIE T | |
| STREET ADDRESS | 1715 ST TROPEZ CT | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NESS, FRANK E | |
| STREET ADDRESS | 4840 SW 70 TERR | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD M. Bergeron, Sr

2-21-01

Date

954-680-0223

Daytime Phone #

CR2E034 (10/00)