

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000005

1. Entity Name

OLD KINGS ROAD SOLID WASTE, LLC

Principal Place of Business

3301 BENSON DR., STE. 601
RALEIGH NC 27609

Mailing Address

3301 BENSON DR., STE. 601
RALEIGH NC 27609

2. Principal Place of Business

8540 Old Kings Rd.
Suite, Apt. #, etc.

3. Mailing Address

3301 Benson Drive
Suite 60
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Raleigh, NC

Zip

32203

Country

U.S.

Zip

27609

Country

U.S.

4. FEI Number

94-382743

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

800004509558--7

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lonnie Poole, Jr.		
STREET ADDRESS	3301 Benson Drive, Suite 601		
CITY-ST-ZIP	Raleigh NC 27609		
TITLE	COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jim Perry		
STREET ADDRESS	3301 Benson Drive, Suite 601		
CITY-ST-ZIP	Raleigh NC 27609		
TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Steve Shaw		
STREET ADDRESS	3301 Benson Drive, Suite 601		
CITY-ST-ZIP	Raleigh NC 27609		
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			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 JUL 24 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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STAPLE CHECK HERE