

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90281 023 ***150.00

0626025 AT

DOCUMENT # P31493

1. Entity Name
CUMBERLAND ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
5349 HWY 280 S.
BIRMINGHAM AL 35242

Mailing Address
P.O. BOX 105035
ATLANTA GA 30348



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1273327**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CDAS** ☒ **Delete**
NAME **BOLCH, CARL JR**
STREET ADDRESS **300 TECHNOLOGY COURT**
CITY-ST-ZIP **SMYRNA GA 30082**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TCAS** ☐ **Delete**
NAME **DUMBACHER, ROBERT J**
STREET ADDRESS **300 TECHNOLOGY COURT**
CITY-ST-ZIP **SMYRNA GA 30082**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ **Delete**
NAME **MCBRAYER, MAX E JR**
STREET ADDRESS **300 TECHNOLOGY COURT**
CITY-ST-ZIP **SMYRNA GA 30082**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ **Delete**
NAME **JOHNSON, JAMES RAY**
STREET ADDRESS **5349 HWY 280 S.**
CITY-ST-ZIP **BIRMINGHAM AL 35242**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VASD** ☐ **Delete**
NAME **LENKER, MAX**
STREET ADDRESS **300 TECHNOLOGY COURT**
CITY-ST-ZIP **SMYRNA GA 30082**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Delete**
NAME **BOLCH, SUSAN B**
STREET ADDRESS **300 TECHNOLOGY COURT**
CITY-ST-ZIP **SMYRNA GA 30082**

☐ **Change** ☒ **Addition**
TITLE **VP-Legal / General Counsel (AS**
NAME **Claude P. Ceaja**
STREET ADDRESS **300 Technology Ct.**
CITY-ST-ZIP **SMYRNA, GA 30082**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 670/43-7600 x.1188

Date

Daytime Phone #

CR2E034 (10/02)