

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005040

**Entity Name:** NORTH STATE ENVIRONMENTAL, INC.**Current Principal Place of Business:**2889 LOWERY STREET  
WINSTON SALEM, NC 27101**Current Mailing Address:**2889 LOWERY STREET  
WINSTON SALEM, NC 27101 US**FEI Number:** 56-1890266**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WESTMORELAND, DARRELL  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title DIRECTOR  
Name WESTMORELAND, DARRELL  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title TREASURER  
Name WESTMORELAND, STEPHANIE  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title DIRECTOR  
Name WESTMORELAND, STEPHANIE  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title SECRETARY  
Name WESTMORELAND, DARRELL  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title PRESIDENT  
Name WESTMORELAND, STEPHANIE  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

Title CHAIRMAN  
Name WESTMORELAND, STEPHANIE  
Address 2889 LOWERY STREET  
City-State-Zip: WINSTON SALEM NC 27101

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WESTMORELAND, STEPHANIE**PRESIDENT****02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date