

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90034 019 ***150.00

0668337 AB

DOCUMENT # F02000003577

1. Entity Name
EMCON/OWT, INC.



Principal Place of Business
**4171 ESSEN LANE
BATON ROUGE LA 70809**

Mailing Address
**4171 ESSEN LANE
BATON ROUGE LA 70809**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **77-0589893**

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

**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. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BARFIELD, T.A. JR.	
STREET ADDRESS	8545 UNITED PLAZA BLVD. BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILL, RICHARD F	
STREET ADDRESS	8545 UNITED PLAZA BLVD. BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELK, ROBERT L	
STREET ADDRESS	8545 UNITED PLAZA BLVD. BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SUPUY, N. ANDREW JR.	
STREET ADDRESS	8545 UNITED PLAZA BLVD. BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAPIRO, DANIEL	
STREET ADDRESS	8545 UNITED PLAZA BLVD. BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILD, DIRK	
STREET ADDRESS	8545 UNITED PLAZA BLVD. BLVD.	
CITY-ST-ZIP	BATON ROUGE LA 70809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR, President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Gary P. Graphia	
CITY-ST-ZIP	4171 Essen Lane	
	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4171 Essen Lane	
CITY-ST-ZIP	Baton Rouge LA 70809	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

(225) 932-2500

Daytime Phone #

CR2E034 (10/02)