2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **F93000005409** SOUTHEAST ABATEMENT SERVICES CO., INC. 04-12-2000 90070 037 ***150.00 Principal Place of Business Mailing Address 2930 N. HWY 100 2930 N. HWY 100 400070D4 WACO GA 30117-8225 WACO GA 30182 3. Mailing Address 2. Principal Place of Business COLONIA 200 COLONIA DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 58-1955919 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☑ Change ☐ Addition TITLE ☐ Delete TITLE JOHNSON, BETTY W. ADDRESS ON LY JOHNSON, BETTY W NAME NAME 200 COLONIAL DR-APT.A STREET ADDRESS STREET ADDRESS 3338 LOWORN MILL ROAD CARROLLTON, GA. 30117 CITY-ST-ZIP CITY-ST-ZIP WACO GA 30182 vst ☐ Delete TITLE Addition JOHNSON, GLOT B. JOHNSON, SCOTT B NAME NAME 200 Colonial DR. CARROllton GA 30117 STREET ADDRESS STREET ADDRESS 2924 N. HWY 100 CITY-ST-ZIP CITY-ST-ZIP WACO GA 30182 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: