

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002295

1. Entity Name

J.A. JONES ENVIRONMENTAL SERVICES COMPANY

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90123 003 ***150.00

Principal Place of Business

Mailing Address

6135 PARK SOUTH DRIVE
 SUITE 250
 CHARLOTTE NC 28210
 US

6135 PARK SOUTH DRIVE
 SUITE 250
 CHARLOTTE NC 28210-3264
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1860806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME NEFFGEN, ALFRED A
 STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE VP
 NAME HARRIS, L. D
 STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE VD
 NAME SCHWEIKERT, DAVID H
 STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE VP
 NAME KUBAL, MICHAEL
 STREET ADDRESS 6135 PARK SOUTH DR SUITE 250
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE VP
 NAME LITTLEWOOD, MARK N
 STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

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

TITLE D
 NAME BOWDEN, JAMES A
 STREET ADDRESS J.A JONES DRIVE
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark N. Littlewood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000
 Date

704 553-6600
 Daytime Phone #

CR2E034 (9/99)