

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90010 046 ***150.00

DOCUMENT # F95000006021

1. Entity Name
WILLIAMS ENVIRONMENTAL SERVICES, INC. OF GEORGIA

Principal Place of Business 2075 WEST PARK PLACE STONE MOUNTAIN GA 30087	Mailing Address 2075 WEST PARK PLACE STONE MOUNTAIN GA 30087-3531
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 58-2203739	Applied For <input type="checkbox"/> Not Applicable
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S VP	<input type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURGESS, BRETT A		NAME	
STREET ADDRESS 2075 W. PARK PLACE		STREET ADDRESS	
CITY-ST-ZIP STONE MOUNTAIN GA 30087		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, LOWELL		NAME	
STREET ADDRESS 2076 W. PARK PLACE		STREET ADDRESS	
CITY-ST-ZIP STONE MOUNTAIN GA 30087		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, VIRGIL R		NAME	
STREET ADDRESS 2076 WEST PARK PLACE		STREET ADDRESS	
CITY-ST-ZIP STONE MOUNTAIN GA 30087		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, M J		NAME	
STREET ADDRESS 500 CHASE PARK SOUTH, SUITE 150		STREET ADDRESS 14 Live Oak Ave., Suite C	
CITY-ST-ZIP BIRMINGHAM AL 35244		CITY-ST-ZIP Gulf Breeze, FL 32561	
TITLE AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TUCKER, M ALLEN		NAME Secretary & Treasurer	
STREET ADDRESS 1550 PUMPHREY AVENUE		STREET ADDRESS Vendetti, Ronald P., Jr.	
CITY-ST-ZIP AUBURN AL 36830		CITY-ST-ZIP 2075 W Park Place	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Vice President	
STREET ADDRESS		STREET ADDRESS Dalton, Thomas F.	
CITY-ST-ZIP		CITY-ST-ZIP 2075 W. Park Place	
		CITY-ST-ZIP Stone Mountain, GA 30087	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald P. Vendetti, Jr. 1-28-00 770 495 0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ronald P. Vendetti, Jr. Secretary & Treasurer

CR2E034 (9/99)