2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # F95000006021 1. Entity Name WILLIAMS ENVIRONMENTAL SERVICES, INC. OF GEORGIA 04-18-2002 90562 001 ***450.00 Mailing Address Principal Place of Business 2075 WEST PARK PLACE 2075 WEST PARK PLACE STONE MOUNTAIN GA 30087 STONE MOUNTAIN GA 30087 3. Mailing Address 2. Principal Place of Business c/o D. K. Baxter, Esq. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. <u>2076 W Park Place</u> Applied For 4. FEI Number City & State City & State 58-2203739 Not Applicable Stone Mounta Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 30087 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 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS -11. ☐ Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE NAME NAME BURGESS, BRETT A STREET ADDRESS 2075 W. PARK PLACE STREET ADDRESS CITY-ST-ZIP STONE MOUNTAIN GA 30087 CITY-ST-ZIP ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE TAYLOR, LOWELL NAME NAME STREET ADDRESS STREET ADDRESS 2076 W. PARK PLACE CITY-ST-ZIP CITY-ST-ZIP **STONE MOUNTAIN GA 30087** Addition ☐ Change · - - Delete TITLE TITLE NAME NAME WILLIAMS, VIRGIL R STREET ADDRESS STREET ADDRESS 2076 WEST PARK PLACE CITY-ST-ZIP CITY-ST-ZIP **STONE MOUNTAIN GA 30087** [] Addition ☐ Change ☐ Delete TITLE TITLE JOHNSON, M J namê STREET ADDRESS 14 LIVE OAK AVE. #C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME VENDETTI, RONALD P JR STREET ADDRESS STREET ADDRESS 2075 W PARK PL CITY-ST-ZIP **STONE MOUNTAIN GA 30087** CITY-ST-ZIP Change Addition Delete TITLE TITLE VP NAME DALTON, THOMAS F NAME STREET ADDRESS STREET ADDRESS 2075 W PARK PLACE CITY-ST-ZIP 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 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

SOCTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>Treasurer</u>

4/3/02

770 879-4060

Daytime Phone #

FILED