

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90078 030 \*\*\*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  
**C/O D. K. BAXTER. ESO  
2076 W PARK PLACE  
STONE MOUNTAIN GA 30087**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2203739**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BURGESS, BRETT A	
STREET ADDRESS	2075 W. PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, LOWELL	
STREET ADDRESS	2076 W. PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, VIRGIL R	
STREET ADDRESS	2076 WEST PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, M J	
STREET ADDRESS	14 LIVE OAK AVE. #C	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	TS	<input type="checkbox"/> Delete
NAME	VENDETTI, RONALD P JR	
STREET ADDRESS	2075 W PARK PL	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DALTON, THOMAS F	
STREET ADDRESS	2075 W PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald P. Vendetti* **SIGNATURE REQUIRED** 3/14/03 770 879-4060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 1000 (10/02)