

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90003 036 \*\*\*150.00

**DOCUMENT # F95000006230**

1. Entity Name

**SOWAMCO XX OF TEXAS, INC.**

Principal Place of Business

Mailing Address

**6400 IMPERIAL DRIVE  
PO BOX 8216  
WACO TX 76712-8216**

**6400 IMPERIAL DRIVE  
PO BOX 8216  
WACO TX 76712-6804**

**00011365**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2729018**

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	CCOB	<input type="checkbox"/> Delete
NAME	HAWKINS, JAMES R	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX 76712-8216	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SARTAIN, JAMES T	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX 76712-8216	
TITLE	EVD	<input checked="" type="checkbox"/> Delete
NAME	HAGELSTEIN, RICK R	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX 76712-8216	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAY, MARGIE	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX 76712-8216	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLMES, JAMES C	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX 76714	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MILLER, GARY	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres. Dut	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Sartain	
STREET ADDRESS	6400 Imperial Dr	
CITY-ST-ZIP	WACO, TX 76714	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Bennett	
STREET ADDRESS	6400 Imperial Dr.	
CITY-ST-ZIP	Waco TX 76714	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #