

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003987

1. Entity Name

SEVENSON ENVIRONMENTAL SERVICES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90051 026 ***150.00

Principal Place of Business

2749 LOCKPORT ROAD
NIAGARA FALLS NY 14302

Mailing Address

2749 LOCKPORT ROAD
NIAGARA FALLS NY 14305-2229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1091535

Applied For

Not Applicable

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PCED			
	ELIA, MICHAEL A	3043 MAPLE ROAD	NEWFANE NY 14108	
	VPSD			
	MCDERMOTT, WILLIAM J	136 HUNTERS LANE	WILLIAMSVILLE NY 14221	
	VD			
	ELIA, LAURENCE A	3039 MAPLE ROAD	NEWFANE NY 14108	
	EVPD			
	ELIA, RICHARD A	3047 MAPLE ROAD	NEWFANE NY 14108	
	TD			
	ARMSTRONG, DENA M	335 OAK STREET	LEWISTON NY 14092	
	D			
	CASTIGLIA, JOSEPH J	1749 READING ROAD	WEST FALLS NY 14170	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		395 N. Forest Rd	WILLIAMSVILLE, NY 14221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/30/00

Date

716-2840431

Daytime Phone #

DENA M. ARMSTRONG

CR2E034 (9/99)