

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000470

1. Entity Name

SANDERS BROS., INC. dba Encompass Industrial Services

Principal Place of Business

Mailing Address

P.O. BOX 188  
GAFFNEY SC 29342

P.O. BOX 188  
GAFFNEY SC 29342-0188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0521391

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, 2001 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 CP ☒ Delete  
NAME SANDERS, JAMES R JR.  
STREET ADDRESS 1709 OLD GEORGIA HIGHWAY  
CITY-ST-ZIP GAFFNEY SC 29340

TITLE CP ☐ Change ☒ Addition  
NAME SCHAEFER, GLENN R  
STREET ADDRESS 1709 OLD GEORGIA HIGHWAY  
CITY-ST-ZIP GAFFNEY SC 29340

TITLE WST ☒ Delete  
NAME TATE, GREGORY  
STREET ADDRESS 1709 OLD GEORGIA HIGHWAY  
CITY-ST-ZIP GAFFNEY SC 29340

TITLE VP/CONTROLLER ☐ Change ☒ Addition  
NAME LEAZER, JOHN A  
STREET ADDRESS 1709 OLD GEORGIA HIGHWAY  
CITY-ST-ZIP GAFFNEY SC 29340

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JOHN A LEAZER, VP

3-21-01

864-489-1144

Date

Daytime Phone #

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90015 029 \*\*\*150.00

A0042922

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)