

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003626

1. Entity Name

SAFETY-KLEEN (CONSULTING), INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90069 033 ***150.00

Principal Place of Business

Mailing Address

PO BOX 11393
COLUMBIA SC 29211-1393

PO BOX 11393
COLUMBIA SC 29211-1393

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

36-3772680

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]*

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 ☐ Delete
NAME **V**
STREET ADDRESS **ARQUILLA, ROBERT**
CITY-ST-ZIP **1800 SALEM CHURCH ROAD**
IRMO SC 29063

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

TITLE ☒ Delete
NAME **AS**
STREET ADDRESS **BOSE, ARUP**
CITY-ST-ZIP **500 HARBISON BOULEVARD #406**
COLUMBIA SC 29212

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

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **BOYETTE, HARRIETT**
CITY-ST-ZIP **1318 AYLESFORD ROAD**
CHARLOTTE NC 28211

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

TITLE ☐ Delete
NAME **EV**
STREET ADDRESS **BRAGAGNOLO, MICHAEL**
CITY-ST-ZIP **1 OAK BLUFF COURT**
COLUMBIA SC 29223

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WINGER, KENNETH**
CITY-ST-ZIP **3410 HEATHERWOOD ROAD**
COLUMBIA SC 29205

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

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **DEJAMES, SHAWN**
CITY-ST-ZIP **103 HAMPTON CREST TRAIL**
COLUMBIA SC 29209

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY H. TAYLOR, SECRETARY

Date

Daytime Phone #

1-6-2000

803
933-4279

034 (9/99)