

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J70588

1. Entity Name

HAM SANITARY LANDFILL, INC.

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

01-29-2000 90034 032 ***150.00

Principal Place of Business

Mailing Address

ROUTE 2 chg - One 60300 Rd
P O BOX 576
PETERSTOWN WV 24963
US

ROUTE 2 chg - One 60300 Rd
P O BOX 576
PETERSTOWN WV 24963-0576
US

00012000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

One 60300 Rd
Suite, Apt. #, etc.

PO Box 576
Suite, Apt. #, etc.

City & State

City & State

Peterstown WV

Peterstown WV

4. FEI Number 55-0632780

Applied For
Not Applicable

Zip 24963

Country USA

Zip 24963

Country USA

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

CT CORPORATION SYSTEM
1200 S. 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 P ☐ Delete
NAME HUMPHREY, HARRY D
STREET ADDRESS ROUTE 2, BOX 1 - chg to PO Box 576
CITY-ST-ZIP PETERSTOWN WV

TITLE ST ☐ Delete
NAME ALLEN, JOHN H
STREET ADDRESS ROUTE 2, BOX 1 - chg to Rt Box 342
CITY-ST-ZIP PETERSTOWN WV

TITLE VP ☐ Delete
NAME MANN, RONALD E
STREET ADDRESS ROUTE 2, BOX 1
CITY-ST-ZIP PETERSTOWN WV

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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

Harry David Humphrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 24 00 3047539470