

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29458

1. Entity Name

PARTRIDGE-SIBLEY INDUSTRIAL SERVICES, INC.

P

Principal Place of Business

2076 HWY 49 S
JACKSON MS 39073

Mailing Address

2076 HWY 49 S
FLORENCE MS 39073
US

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

64-0707312

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

FLEMING, FLETCHER

SEVENTH FLOOR SEVILLE TOWER

PO BOX 1034

PENSACOLA FL 32598-1034

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	P PARTRIDGE, D. RICHARD 1245 TECMSEN CT. PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELSO, DELORES 2076 HWY 495 FLORENCE MS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTRIDGE, CHARLES H 2076 HWY 49 S FLORENCE MS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00

Date

601-939-1584

Daytime Phone #

CR2E034 (9/99)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 036 ***150.00

00080933



DO NOT WRITE IN THIS SPACE

Attachment DOC#

P29458

Page 2 of 2

DO080933

**PARTRIDGE-SIBLEY INDUSTRIAL SERVICES
2076 HWY 49 SOUTH
FLORENCE, MS 39073**

July 27, 2000

Division of Corporations
Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Attached is our annual report, we are requesting abatement of the late fee as our CPA has been hospitalized and was not able to file this report. If you need to verify his illness please call Glenn Pitts at 601-982-2735.

Thank you in advance for helping us with this problem

Sincerely,



Delories Kelso