

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32316

1. Entity Name

EASTERN MAINTENANCE AND SERVICES, INC.

Principal Place of Business

803 S MARKET ST
BENSON NC 27504
US

Mailing Address

P.O. BOX 669
BENSON NC 27504-0669

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

56-1443890

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

REGISTERED CORPORATE AGENTS, INC.
612 S GREENWOOD AVE
CLEARWATER FL 34616

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	DP ALDRIDGE, JR. J 700 D EAST PARRISH DRIVE BENSON NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Aldridge, Jr. J. 803 S. Market St. Benson, NC 27504	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREECH, SHEILA 700 D EAST PARRISH DRIVE BENSON NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Aldridge, Sheila 803 S. Market St. Benson, NC 27504	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIDSON, MICHAEL 700 D EAST PARRISH DRIVE BENSON NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Davidson, Michael 803 S. Market St. Benson, NC 27504	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Sheila Creech Vice-President 3-12-00

919-894-7101

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)