2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840363 1. Entity Name

MOMAR, INC.

Principal Place of Business

Mailing Address

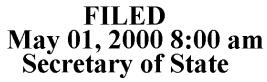
1830 ELLSWORTH INDUSTRIAL DRIVE. NW BOX 19567

ATLANTA GA 30325

1830 ELLSWORTH INDUSTRIAL DRIVE. NW BOX 19567

ATLANTA GA 30325-0567

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		



05-01-2000 90311 045 ***150.00



. Principal Place of Business 3. Mailing Address		.						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE			
City & State City & State			4. FEI Number 58-0524461		plied For t Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add ≕Fee Required			
<u></u>	6. Name and Address of Current Re			7. Name and Address of New Registere	d Agent			
			Name					
BOWMAR, WILLIAM D JR 610 RIVERSIDE COURT LONGWOOD FL 32750			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	F	L Zip Code	,		
B. The above	named entity submits this statement for t	he purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTI	E: Registered Agent signature requi	red when reinstating) DATE				
· · · · · · · · · · · · · · · · · ·		III FEE IS \$150.00 00 Fee will be \$550.00 ble to Department of S	tate	Added Added	0 May Be to Fees			
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PDT MOHR, JULIAN B 3640 PACES FERRY ROAD NW ATLANTA GA	☐ Delete	TITLE NAME STREET ADDRESSCITY_ST_ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHR, MARIAN B 2575 PEACHTREE RD NE 115 ATLANTA GA	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAFIN, MARGARET RT 1 2050 SCHILLINGS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNESAW GA V BREZEL, A. S. 1830 ELLSWORTH IND. DR.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATLANTA GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME	,	☐ Delete	TITLE NAME		☐ Change	Addition		

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 the suppose 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 the suppose 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 the suppose of the corporation of 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 the corporation of 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 the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the corporation of the receiver of the receive

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR