

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90043 032 \*\*\*150.00

**DOCUMENT # F02000001971**

1. Entity Name  
**CENTURY FIRE PROTECTION OF NORTH FLORIDA, INC.**



Principal Place of Business  
**315 SHAWNEE NORTH DRIVE, SUITE 550  
SUWANEE GA 30024**

Mailing Address  
**315 SHAWNEE NORTH DRIVE, SUITE 550  
SUWANEE GA 30024**

2. Principal Place of Business  
**CENTURY FIRE PROTECTION, INC.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2625-F PINEMEDOW COURT**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

City & State  
**DULUTH, GA**

4. FEI Number **58-2548558**

Applied For  
Not Applicable

Zip Country

Zip **30096** Country **U.S.**

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

**HAMM, KENNY**  
**3490 LIVE OAK LANE**  
**MARIANNA FL 32446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TUTTEROW, SCOTT</b> <b>315 SHAWNEE NORTH DRIVE, SUITE 550</b> <b>SUWANEE GA 30024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MURPHREE, JACK</b> <b>315 SHAWNEE NORTH DRIVE, SUITE 550</b> <b>SUWANEE GA 30024</b>	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2625-F Pinemeadow Ct</b> <b>Duluth GA 30096</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2625-F Pinemeadow Ct</b> <b>Duluth GA 30096</b>	<input checked="" 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

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-13-03** Daytime Phone # **770-945-2330**

0025985 AI CR2E034 (10/02)