

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90098 043 ***150.00

DOCUMENT # 826075
 1. Entity Name
MARTIN FIREPROOFING GEORGIA, INC.

817108

Principal Place of Business 1318 WASHINGTON HWY. P O BOX 768 ELBERTON GEORGIA 30635 US	Mailing Address P.O BOX 768 P O BOX 768 ELBERTON GEORGIA 30635-0768 US
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DO NOT WRITE IN THIS SPACE

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 58-1030029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN JR, CHAS A	
STREET ADDRESS	2200 MILITARY RD.	
CITY-ST-ZIP	TONAWANDA NY 14150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, THOMAS J.	
STREET ADDRESS	28 PLYMOUTH PLACE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	POT	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN D.	
STREET ADDRESS	31 LAKE LEDGE DR	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, JAMES B JR	
STREET ADDRESS	1862 LEXINGTON HWY.	
CITY-ST-ZIP	ELBERTON GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOWMAN, DANIEL J	
STREET ADDRESS	41 CENTERVIEW DR	
CITY-ST-ZIP	WEST SENECA NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Daniel J. Bowman* **DANIEL J. BOWMAN** **SECRETARY** 2/11/00 47067283-6942
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)