

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

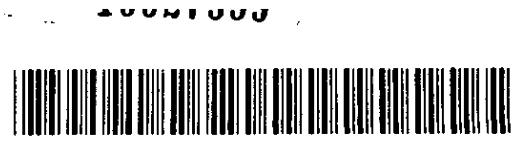
02-24-2003 90966 045 \*\*\*150.00

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



Principal Place of Business  
**1318 WASHINGTON HWY.  
P O BOX 768  
ELBERTON GA 30635  
US**

Mailing Address  
**P.O BOX 768  
P O BOX 768  
ELBERTON GA 30635  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
City & State

4. FEI Number **58-1030029** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. BOWMAN **REQUIRED SECRETARY** 2/19/03 (706) 283-6942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)