

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000001409**

1. Entity Name

PYE-BARKER FIRE & SAFETY, INC.

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90072 035 ***150.00

0582549 AT

Principal Place of Business

**4090 STEVE REYNOLDS BLVD.
NORCROSS GA 30093**

Mailing Address

**4090 STEVE REYNOLDS BLVD.
NORCROSS GA 30093**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3800 Cobb International Blvd.

3. Mailing Address

P.O. Box 3090

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Kennesaw, Georgia

City & State

Kennesaw, Georgia

4. FEI Number

58-2585222

Applied For

Not Applicable

Zip

30152

Country

USA

Zip

30156-9119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANT, JEFF
3701 N.E. 38TH AVENUE
OCALA FL 34479**

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

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, 2002 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 **PD** ☐ Delete
NAME **PROCTOR, BARTON A**
STREET ADDRESS **4090 STEVE REYNOLDS BLVD.**
CITY-ST-ZIP **NORCROSS GA**

TITLE **S** ☐ Delete
NAME **TRAYLOR, JAMES H**
STREET ADDRESS **4090 STEVE REYNOLDS BLVD.**
CITY-ST-ZIP **NORCROSS GA**

TITLE **CD** ☐ Delete
NAME **LUMSDEN, J. ROGER**
STREET ADDRESS **4090 STEVE REYNOLDS BLVD.**
CITY-ST-ZIP **NORCROSS GA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** (Address) ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **3800 Cobb International Blvd, Suite 200**
CITY-ST-ZIP **Kennesaw, GA. 30152**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **3800 Cobb International Blvd., Suite 200**
CITY-ST-ZIP **Kennesaw, GA. 30152**

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TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James H. Traylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

(770) 806-8848

Daytime Phone #

CR2E034 (9/01)