

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004772

FILED  
Feb 01, 2003  
Secretary of State

Entity Name: CERTIFIED FIRE PROTECTION, INC.

## Current Principal Place of Business:

4357 PARK DR., STE. G  
NORCROSS, GA 30093

## New Principal Place of Business:

## Current Mailing Address:

4357 PARK DR., STE. G  
NORCROSS, GA 30093

## New Mailing Address:

FEI Number: 58-1915556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARISH, LYLE E  
Address: 4357 PARK DR. STE. G  
City-St-Zip: NORCROSS, GA 30093

Title: VST ( ) Delete  
Name: JOHNSON, PAUL E  
Address: 4357 PARK DR. STE. G  
City-St-Zip: NORCROSS, GA 30093

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JOHNSON, JILL A  
Address: 4357 PARK DR. STE. G  
City-St-Zip: NORCROSS, GA 30093

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR ( ) Change (X) Addition  
Name: CERTIFIED FIRE PROTE, CTION, INC  
Address: 4357 PARK DR. STE G  
City-St-Zip: NORCROSS, GA 30093

Title: SECR ( ) Change (X) Addition  
Name: CERTIFIED FIRE PROTE, CTION, INC.  
Address: 4357 PARK DR. STE G  
City-St-Zip: NORCROSS, GA 30093

Title: TREA ( ) Change (X) Addition  
Name: CERTIFIED FIRE PROTE, CTION, INC.  
Address: 4357 PARK DR. STE G  
City-St-Zip: NORCROSS, GA 30093

Title: TREA ( ) Change (X) Addition  
Name: CERTIFIED FIRE PROTE, CTION, INC.  
Address: 4357 PARK DR. STE G  
City-St-Zip: NORCROSS, GA 30093

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL A. JOHNSON

P

02/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date