

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F94000005305

1. Entity Name

PROTECH CONTRACTORS, INC. OF GA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:32

Principal Place of Business

1231 COLLIER ROAD NW
SUITE H
ATLANTA GA 30318
US

Mailing Address

1231 COLLIER ROAD NW
SUITE H
ATLANTA GA 30318
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 58-2079420

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNARELLA, JOSEPHINE
9251 CENTRAL PARK DR., S.W.
BLDG F-104
FORT MYERS FL 33919

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 Josephine Cannarella, Registered Agent 10/19/00

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PDTS
NAME BURGESS, TOMMY
STREET ADDRESS 2049 OAK BROOK
CITY-ST-ZIP JONESBORO GA 30236 ☐ Delete

TITLE V
NAME CANNARELLA, ANTHONY
STREET ADDRESS 2686 Dellinger Dr.
CITY-ST-ZIP MARIETTA GA 30068 30062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

TOMMY BURGESS, PRESIDENT 9/22/00 H04-350-7973
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)