

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90059 019 ***550.00

DOCUMENT # F94000005305

1. Entity Name
PROTECH CONTRACTORS, INC. OF GEORGIA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1530 CARROLL DRIVE Suite, Apt. #, etc. SUITE 102 City & State ATLANTA, GEORGIA Zip 30318 Country USA		3. Mailing Address 1530 CARROLL DRIVE Suite, Apt. #, etc. SUITE 102 City & State ATLANTA, GEORGIA Zip 30318 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2079420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CANNARELLA, JOSEPHINE	
Street Address (P.O. Box Number is Not Acceptable) 9251 CENTRAL PARK DRIVE, SW BUILDING F-104 City FORT MYERS FL Zip Code 33919	

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 **06-14-02**
Signature typed or printed 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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME BURGESS, TOMMY STREET ADDRESS 2049 OAK BROOK CITY-ST-ZIP JONESBORO, GEORGIA 30236	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VICE-PRESIDENT NAME CANNARELLA, ANTHONY STREET ADDRESS 2686 DELLINGER DRIVE CITY-ST-ZIP MARIETTA, GEORGIA 30062	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/01)