

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003545

1. Entity Name

TETON INDUSTRIAL GROUP, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90065 015 \*\*\*150.00

Principal Place of Business

700 OLD ROSWELL LAKES PKWY  
#300  
ROSWELL GA 30076  
US

Mailing Address

1690 BLUEGRASS LAKES PKWY  
~~7300~~  
ALPHARETTA GA 30004-7714  
US

2. Principal Place of Business

1690 Bluegrass Lakes Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Alpharetta GA

City & State

Zip

Country

30004  
USA

Country

4. FEI Number

58-2228881

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 SOUTH 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.

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, 2000 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	DCST	<input type="checkbox"/> Delete
NAME	WATSON, BARBARA A	
STREET ADDRESS	1690 BLUEGRASS LAKE PKWY	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	WATSON, JAMES T	
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY #300	
CITY-ST-ZIP	ROSWELL GA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARAN, JOHN S	
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY #300	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JOHN C	
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY, 300	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVAGE, ROY H	
STREET ADDRESS	700 ROSWELL LAKES PKWY, #300	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1690 Bluegrass Lakes Pkwy	
STREET ADDRESS	Alpharetta GA 30004	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Barbara A. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00  
Date

770-442-2884  
Daytime Phone #

CR2E034 (9/99)