

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003545

1. Entity Name

TETON INDUSTRIAL GROUP, INC.

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90073 031 \*\*\*150.00

Principal Place of Business  
1690 BLUEGRASS LAKES PKWY  
ALPHARETTA GA 30004  
US

Mailing Address  
1690 BLUEGRASS LAKES PKWY  
#300  
ALPHARETTA GA 3004  
US

B0007170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	58-2228881	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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)	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCST	TITLE	
NAME	WATSON, BARBARA A	NAME	
STREET ADDRESS	1690 BLUEGRASS LAKE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30004	CITY-ST-ZIP	
TITLE	DCP	TITLE	
NAME	WATSON, JAMES T	NAME	
STREET ADDRESS	1690 BLUEGRASS LAKES PKWY	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA Alpharetta Ga 30004	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	BARAN, JOHN S	NAME	
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY #300	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA Same as above	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TURNER, JOHN C	NAME	
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY, 300	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076 Same as above	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SAVAGE, ROY H	NAME	
STREET ADDRESS	700 ROSWELL LAKES PKWY, #300	STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076 Same as above	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)