

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001333

1. Entity Name
GEORGIA WOVEN PRODUCTS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90038 044 ***150.00

Principal Place of Business
2124 S HAMILTON STREET
DALTON GA 30720
US

Mailing Address
2124 S HAMILTON STREET
DALTON GA 30720-5349
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **58-2026386**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DALLAS, SHIRLEY
7222 ISLE CAPRI RD, SUITE 62
NAPLES FL 34114

7. Name and Address of New Registered Agent
Name **Southard, JAMES**
Street Address (P.O. Box Number is Not Acceptable) **7222 ISLE CAPRI RD, SUITE 62**
City **Naples** **FL** Zip Code **34114**

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 **Ronnie Goss** **Ronnie Goss President Oper. 4-24-00**
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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SHAW, TRIPP 2124 S HAMILTON STREET DALTON GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete SHEPHERD, ELAINE 2515 RIVERBEND RD DALTON GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete SASSER, BEN 2120 HOLLY TERRACE #3 DALTON GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronnie Goss 1068 Laura Drive DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Southard 7222 ISLE Capri Rd, Suite 62 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ronnie Goss** **4-24-00** **706-259-7673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)