

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90393 023 \*\*\*150.00

**DOCUMENT # F98000001333**

1. Entity Name

**GEORGIA WOVEN PRODUCTS, INC.**

Principal Place of Business

Mailing Address

2124 S HAMILTON STREET  
DALTON GA 30720  
US

2124 S HAMILTON STREET  
DALTON GA 30720  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

~~DALLAS, SHIRLEY~~  
~~7222 ISLE CAPRI RD, SUITE 02~~  
~~NAPLES FL 34114~~

Name

Mark Martin

Street Address (P.O. Box Number is Not Acceptable)

510 Creekside Dr

5121 Factory Shops Blvd.

City

Ellenton

**FL**

Zip Code

34222

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 Mark Martin - District Manager

2-21-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SHAW, TRIPP**  
STREET ADDRESS **2124 S HAMILTON STREET**  
CITY-ST-ZIP **DALTON GA 30720**

TITLE **S** ☒ Delete  
NAME **SHEPHERD, ELAINE**  
STREET ADDRESS **2515 RIVERBEND RD**  
CITY-ST-ZIP **DALTON GA 30721**

TITLE **V** ☒ Delete  
NAME **SASSER, BEN**  
STREET ADDRESS **2120 HOLLY TERRACE #3**  
CITY-ST-ZIP **DALTON GA 30720**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Lisa Goss**  
CITY-ST-ZIP **2762 Riverbend Rd**  
**Dalton Ga 30721**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Ronnie Goss**  
CITY-ST-ZIP **1068 Laura Dr**  
**DALTON GA 30721**

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

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

TITLE ☐ Change ☐ 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: Wendy Ensminger Accounting  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)