2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000006816 Apr 03, 2000 8:00 am **Secretary of State** ALL SAFE, INC. OF GEORGIA 04-03-2000 90184 013 ***150.00 Principal Place of Business Mailing Address 353 NORTH GLYNN STREET 353 NORTH GLYNN STREET FAYETTEVILLE GA 30214-1172 FAYETTEVILLE GA 30214 110 HOWALD LANE 110 HOWALD LANE FAYETTEVILLE, GASOZIS FAYETTEVILLE, GA30215 2. Principal Place of Business 3. Mailing Address 110 HOWARD LANE 10 HOWALD LANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-2353138 ETTEVILLE, GA Not Applicable Zip 302/5 \$8.75 Additional 5. Certificate of Status Desired usA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, CP Change ☐ Addition TITLE TITLE Delete ROTH, JAMES ROTH, JAMES NAME NAME 875 MASSENGALE ROAD 105 OAK SHADOW WAY STREET ADDRESS STREET ADDRESS BROOKS GA 30205 CITY-ST-ZIP **FAYETTEVILLE GA 30215** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE DENNIS L. PAYTON PAYTON, DENNIS L NAME NAME 403ROBINSON ROAD 130 CHADWICK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEACHTLEE CITY, GA-30269 PEACHTREE CITY GA 30269 CITY-ST-7IP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 July empowered.