

2000 UNIFORM BUSINESS REPORT (UBR)

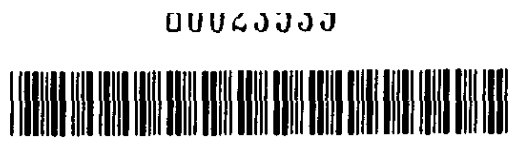
FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90153 012 ***150.00

DOCUMENT # F99000006586

1. Entity Name
DELTA FIRE PROTECTION SYSTEMS, INC.

Principal Place of Business Mailing Address
N. ROYAL ATLANTA DRIVE, SUITE H **5002 N. ROYAL ATLANTA DRIVE, SUITE H**
GA 30084 **TUCKER GA 30084**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2172998** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NEWTON, LEON W
1220 HELEN ST.
APOPKA FL 32703

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P			NAME		
WILLIAMSON, MICHAEL K			STREET ADDRESS		
3314 SUMMIT EDGE CT.			CITY-ST-ZIP		
LOGANVILLE GA 30052					
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VS			NAME		
NEWTON, LEON W			STREET ADDRESS		
3437 VILLAGE GLEN COURT SW			CITY-ST-ZIP		
SNELLVILLE GA 30039					
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T			NAME		
PARTEN, MELITA			STREET ADDRESS		
2957 TEMPLE JOHNSON RD.			CITY-ST-ZIP		
SNELLVILLE GA 30039					
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: *Michael K. Williamson* **MICHAEL K. WILLIAMSON, PRESIDENT** 2/6/00 678-382-3500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)