

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

06059318 AT

DOCUMENT # P12888
1. Entity Name
BARTON PROTECTIVE SERVICES INCORPORATED



03-24-2003 90232 012 ***150.00

Principal Place of Business
**11 PIEDMONT CENTER
SUITE 410
ATLANTA GA 30305**

Mailing Address
**11 PIEDMONT CENTER
SUITE 410
ATLANTA GA 30305**



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

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

CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1307508**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	RICE, CHARLES B.	
STREET ADDRESS	11 PIEDMONT CENTER, S410	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRAZEAL, DAVID P.	
STREET ADDRESS	11 PIEDMONT CENTER #410	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD, THOMAS F	
STREET ADDRESS	11 PIEDMONT CENTER, SUITE 410	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PAYNE, JULIE	
STREET ADDRESS	11 PIEDMONT CTR STE 410	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles B. Rice* **CHARLES B. RICE** **REGISTERED AGENT** *Bohling* **3/13/03** **(404) 239-7253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)