2003 FOR PROFIT CORPORATION

Aug 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P25637 DOCUMENT # 08-13-2003 90074 029 ***550.00 1. Entity Name AFFORDABLE FIRE PROTECTION OF GEORGIA, INC. Principal Place of Business Mailing Address 5730 OAKBROOK PARKWAY 5730 OAKBROOK PARKWAY STE. 140 STE. 140 NORCROSS GA 30093 NORCROSS GA 30093 US 2. Principal Place of Business Mailing Addres CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 57-0829356 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Vice President CR2E034 (4/03) TITLE ☐ Addition ☐ Delete TITLE Corey, Donald R COREY, DONALD R. NAME NAME oz Spinnaker Lane 16702 SPINNAKER LANE STREET ADDRESS STREET ADDRESS **HUNTERSVILLE NC** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE CROSSWY, D. MILTON, JR. 209 Apalachee Church Rd 3541 CASTLE HILL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUCKER GA CITY-ST-7/P TITLE ☐ Change Addition ☐ Delete BILL, HILL NAME **18 SAINT GERMAINE PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP winder ga CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

1900-134-000

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