

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91005 030 ***150.00

DOCUMENT # P32887

1. Entity Name

MJM Investigations Inc.

Principal Place of Business

Mailing Address

(Same)

8001 Aerial Center # 300

Morrisville, NC 27560

553571

2. Principal Place of Business

3. Mailing Address

8001 Aerial Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State

Morrisville, NC

Zip

Country

Zip

Country

27560

USA

4. FEI Number

561644861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Preme-Hall Corporation System, Inc.
 1201 Hays St.
 Suite 105
 Tallahassee, FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☐

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Michael J. Malone	
STREET ADDRESS	8001 Aerial Center #300	
CITY-STATE-ZIP	Morrisville, NC 27560	
TITLE	V.P.	☐ Delete
NAME	Jeff Davis	
STREET ADDRESS	8001 Aerial Center #300	
CITY-STATE-ZIP	Morrisville, NC 27560	
TITLE	Secretary/Treasurer	☐ Delete
NAME	Brent Faggart	
STREET ADDRESS	8001 Aerial Center #300	
CITY-STATE-ZIP	Morrisville, NC 27560	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, 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:

Signature, typed or printed name of signing official and file if applicable

4/28/01

800 927 0450

Date

Daytime Phone