

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90113 020 ***150.00

DOCUMENT # R32 887

1. Entity Name

MJM Investigations, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

910 Paverstone DR.

Suite, Apt. #, etc.

3. Mailing Address

910 Paverstone DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Raleigh, NC

City & State

Raleigh, NC

4. FEI Number

56-1664861

Applied For

☐ Not Applicable

Zip

27615

Country

USA

Zip

27615

Country

USA

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

7. Name and Address of Current Registered Agent

Name

The Prentiss-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1261 Hays St.

Suite 105

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Michael J. Malone</u> <u>910 Paverstone DR.</u> <u>Raleigh, NC 27615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V.P.</u> <u>Jeff Davis</u> <u>910 Paverstone DR.</u> <u>Raleigh, NC 27615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary / Treasurer</u> <u>Brent Faggart</u> <u>910 Paverstone DR.</u> <u>Raleigh, NC 27615</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 800-527-0956
Date Daytime Phone #

CR2E034B (12/01)