

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389146

1. Entity Name
MCMULLAN INVESTMENT COMPANY

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90051 020 ***150.00

Principal Place of Business
SUITE 710, 100 COLONY SQUARE
1175 PEACHTREE ST. NE
ATLANTA GA 30361
US

Mailing Address
P. O. BOX 8779
ATLANTA GA 31106
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1175 Peachtree St NE
Suite, Apt. #, etc.
100 Colony Square Suite 850

3. Mailing Address
Suite, Apt. #, etc.

City & State
Atlanta, GA
Zip
30361

City & State

4. FEI Number 59-1381165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLAN, JOHN F
4986 SEA WATCH DRIVE
AMELIA ISLAND FL 32034

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 _____ (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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCMULLAN, JOHN F 4986 SEA WATCH DRIVE AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMULLAN, MARILYN 4986 SEA WATCH DRIVE AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

404-873-1919

Daytime Phone #

CR2E034 (10/00)