## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2000 8:00 am Secretary of State DOCUMENT # F95000002268 1. Entity Name INVESTIGATIVE RESOURCES GLOBAL, INC. 02-19-2000 90006 050 \*\*\*150.00 Principal Place of Business Mailing Address 9300 ARROWPOINT BLVD P.O. BOX 1000 AUUZU/U1 CHARLOTTE NC 28273 **CHARLOTTE NC 28201-1000** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-1917505 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .6. Name and Address of Current Registered Agent ~ Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. 网络冰叶 经汇兑 电流电路 SIGNATURE 3000 MATONE DATE STOT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE GOODNIGHT, KENNETH M NAME NAME 9300 ARROWPOINT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28201-1000** ☐ Change ☐ Addition Delete TITLE TITLE LACY, HUNTER B NAME NAME STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD. CHY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28201-1000 Delete TITLE Change Addition TITLE WHEELER, JOYCE W NAME NAME STREET ADDRESS 9300 ARROWPOINT BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28201-1000 Delete TITLE ☐ Change Addition TITLE **BRODERICK, TERRY** NAME NAME STREET ADDRESS STREET ADDRESS 9300 ARROWPOINT BLVD CITY-ST-ZIP CITY-ST-ZIP **CHARLOTTE NC 28201** ☐ Addition ☐ Delete ☐ Change TITLE TITLE CHANDLER, THEORDORE G NAME NAME STREET ADDRESS 9300 ARROWPOINT BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE FL 28273 ☐ Change ☐ Addition X Defete TITLE TITLE SZCZEPEK, JOHN S NAME NAME 9300 ARROWPOINT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28201-1000 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

FILED

SIGNATURE: MacO. College Joyce W. Wheeler, Secretary 1/31/2000 704/522-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days The Phone #

changed, or on an attachment with an address, with all other like empowered.