

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001487

1. Entity Name

PROBITY INVESTIGATIONS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90019 029 ***150.00

Principal Place of Business

Mailing Address

3649 BROWN-WELL CT
GAINESVILLE GA 30504

P.O. BOX 7026
CHESTNUT MOUNTAIN GA 30566-0022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2207121

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

MICHAEL'S INVESTIGATIONS, INC.
3040 SIXMA ROAD
DELTONA FL 32738

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 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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$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
P
REDDING, GARY T
5214 STRICKLAND ROAD
FLOWERY BRANCH GA 30542

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
REDDING, PATRICIA G
6 SADDLE TRAIL
ROME GA 30161

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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3649 BROWN WELLS CT
GAINESVILLE, GA 30504

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 officers or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)