

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002417

1. Entity Name
M-SQUARED-I, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90070 018 ***150.00

Principal Place of Business
7701 SIX FORKS RD., STE. 120
RALEIGH NC 27615

Mailing Address
7701 SIX FORKS RD., STE. 120
RALEIGH NC 27615-5050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7101 CREEDMOOR RD.

Suite, Apt. #, etc.

130

City & State
RALEIGH NC

Zip

27613

Country

WAKE

3. Mailing Address

7101 CREEDMOOR RD.

Suite, Apt. #, etc.

130

City & State
RALEIGH NC

Zip

27613

Country

WAKE

4. FEI Number 56-1803320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, R. CECIL 7701 SIX FORKS RD., STE. 120 RALEIGH NC 27615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRATEMEYER, ART 7701 SIX FORKS RD., STE. 120 RALEIGH NC 27615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROON, STAN 3000 NORTHWOODS PKWY STE 110 NORCROSS GA 30071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, DALE 7701 SIX FORKS RD., STE. 120 RALEIGH NC 27615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, A. EUGENE 7701 SIX FORKS RD., STE. 120 RALEIGH NC 27615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, CHARLES 421 MINUET LN STE 205 CHARLOTTE NC 28217	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7101 CREEDMOOR RD., SUITE 130 RALEIGH NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7101 CREEDMORE RD., SUITE 130 RALEIGH NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7101 CREEDMORE RD., SUITE 130 RALEIGH NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2753 STATE ROAD 500, SUITE 212 CLEARWATER FL 33761
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: R. Cecil Martin PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000 919-848-4300
Date Daytime Phone #