

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P39922**

1. Entity Name

**COMBINED INVESTIGATORS, INC.**

Principal Place of Business

P.O. BOX 566874  
ATLANTA GA 31156

Mailing Address

P.O. BOX 566874  
ATLANTA GA 31156-6874

2. Principal Place of Business

**P.O. Box 669243**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 669243**

Suite, Apt. #, etc.

City & State

**Marietta GA**

City & State

**Marietta GA**

Zip

Country

**30066**

Zip

Country

**30066**

4. FEI Number

**58-2431258**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LORTZ, WALTER  
500 SOUTH BECKER RD. #170  
LARGO FL 33771**

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 **P** ☐ Delete  
NAME **ZIMMERMAN, RUSSELL H**  
STREET ADDRESS **407 RAVEN MOCKER LANE**  
CITY-ST-ZIP **WOODSTOCK GA 30189**

TITLE **V** ☐ Delete  
NAME **COLLINS, DAVID**  
STREET ADDRESS **729 HABERSHAM PLACE**  
CITY-ST-ZIP **CANTON GA 30115**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90167 005 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)