

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001960

1. Entity Name

NATIONAL DIRECTORIES LTD.

FILED

01 APR 23 PM 12:39

Principal Place of Business

Mailing Address

6924 E. ALOMA AVE.

6924 E. ALOMA AVE.

WINTER PARK, FL 32792 WINTER PARK, FL 32792

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

6924 E. ALOMA AVE.

6924 E. ALOMA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

Country

32792 USA

Zip

Country

32792 USA

4. FEI Number

88-0480085

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

Richard J. McHenry, Sr.
6924 E. ALOMA AVE.
WINTER PARK, FL 32792

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

Richard J. McHenry Sr., Managing Director 4/13/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. Capital Contributions

as Shown on record.

\$3,000

10. Amount of Capital Contributions

in FLORIDA to date.

\$3,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000006966
NAME BUSINESS INFORMATION CORPORATION
STREET ADDRESS 4535 W. SAHARA AVE. #204
CITY-ST-ZIP LAS VEGAS, NV 89102

STREET ADDRESS

CITY-ST-ZIP

300004162083--9

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Richard J. McHenry Sr. 702-933-4034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)