

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002926

1. Entity Name
COIN-TEL OF PENNSYLVANIA, INC.

Principal Place of Business
726 EAST LONG AVENUE
NEW CASTLE PA 16101

Mailing Address
726 EAST LONG AVENUE
NEW CASTLE PA 16101

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 25-1761010

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 FINE 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
PCD MAYES, BRENT
STREET ADDRESS 1009 WILLIAMS STREET
CITY-ST-ZIP NEW CASTLE PA 16101 ☐ Delete

TITLE NAME
V PARKER, DOUG
STREET ADDRESS 396 HOLIDAY PARK DRIVE
CITY-ST-ZIP PITTSBURGH PA 15239 ☐ Delete

TITLE NAME
SD SOLTIS, LAURA
STREET ADDRESS 600 HIDDEN LAKES DRIVE, N.E.
CITY-ST-ZIP WARREN OH 44483 ☐ Delete

TITLE NAME
D SOLTIS, PAT
STREET ADDRESS 600 HIDDEN LAKES DRIVE, N.E.
CITY-ST-ZIP WARREN OH 44483 ☐ Delete

TITLE NAME
T MILLER, RICKEY
STREET ADDRESS 726 EAST LONG AVENUE
CITY-ST-ZIP NEW CASTLE PA 16101 ☐ Delete

TITLE NAME
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90014 038 ***550.00



DO NOT WRITE IN THIS SPACE

0132374 AT

CR2E034 (5/01)

7-30-01

24-657-1157, 101