

2000 UNIFORM BUSINESS REPORT (UBR)

0674935

DOCUMENT # F96000003944

1. Entity Name

360 PAGING, INC.

FILED

00 APR 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ONE ALLIED DR
LITTLE ROCK AR 72202
US

ONE ALLIED DR
LITTLE ROCK AR 72202-2013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3664693

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FOSTER, DENNIS	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEEBE, KEVIN	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	SVPP	<input type="checkbox"/> Delete
NAME	GARDNER, JEFFERY	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTZ, FRANCIS	
STREET ADDRESS	ONE ALLIED DR	
CITY-ST-ZIP	LITTLE ROCK AR 72202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

9000032453000 - ☐ Addition
-05/10/00--01001--001
2252.50 *150.00

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:

David Cameron *David Cameron* 4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(501) 905-5270

Daytime Phone #

CR2E034 (9/99)