

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002276

1. Entity Name

BUY-TEL COMMUNICATIONS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 015 ***150.00

Principal Place of Business

Mailing Address

6409 COLLEYVILLE BLVD
SUITE 7
COLLEYVILLE TX 76034
S

P.O. BOX 1170
COLLEYVILLE TX 76034-1170
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2733879

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	PD	<input type="checkbox"/> Delete
NAME	AUSTIN, CLYDE	
STREET ADDRESS	6409 COLLEYVILLE BLVD.	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	V	<input type="checkbox"/> Delete
NAME	AUSTIN, CHERYL	
STREET ADDRESS	6409 COLLEYVILLE BLVD.	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AUSTIN, MARY BETH	
STREET ADDRESS	6409 COLLEYVILLE BLVD.	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)