

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002276

1. Entity Name

BUY-TEL COMMUNICATIONS, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90067 019 ***150.00

Principal Place of Business

6409 COLLEYVILLE BLVD
SUITE 7
COLLEYVILLE TX 76034
S

Mailing Address

P.O. BOX 1170
COLLEYVILLE TX 76034
US

2. Principal Place of Business

6409 Colleyville Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1170
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

75-2733879

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 PINE 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 \$150.00
After MAY 1, 2001 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 PD
NAME AUSTIN, CLYDE
STREET ADDRESS 6409 COLLEYVILLE BLVD.
CITY-ST-ZIP COLLEYVILLE TX 76034 ☐ Delete

TITLE V
NAME AUSTIN, CHERYL
STREET ADDRESS 6409 COLLEYVILLE BLVD.
CITY-ST-ZIP COLLEYVILLE TX 76034 ☐ Delete

TITLE ST
NAME AUSTIN, MARY BETH
STREET ADDRESS 6409 COLLEYVILLE BLVD.
CITY-ST-ZIP COLLEYVILLE-TX-76034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

MB Austin MB AUSTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01 817 488 9063

CR2E034 (10/00)