

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007003

1. Entity Name

BUSY BODY, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90009 028 ***550.00

Principal Place of Business

4540 BELTWAY DR
 ADDISON TX 75001

Mailing Address

4540 BELTWAY DR
 ADDISON TX 75001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2794594

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, JAMES P	
STREET ADDRESS	5847 SAN FELIPE, SUITE 4350	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIDSON, PHILIP	
STREET ADDRESS	5847 SAN FELIPE, SUITE 4350	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	STOVALL, FRED S	
STREET ADDRESS	2200 ROSS AVE, SUITE 900	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCARBOROUGH, JAMES R	
STREET ADDRESS	4540 BELTWAY DRIVE	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Miller	
STREET ADDRESS	4540 Beltway Drive	
CITY-ST-ZIP	Addison, TX 75001	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF Cole	
STREET ADDRESS	220 Ross Avenue	
CITY-ST-ZIP	Dallas, TX 75201	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

9-6-00

972-960-9212

Date

Daytime Phone #

CR2E034 (5/00)