

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004781

1. Entity Name

PRE-TEL NETWORK SERVICES CORPORATION

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90085 010 \*\*\*150.00

00000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8001 CENTERVIEW PARKWAY, SUITE 100  
MEMPHIS TN 38018

Mailing Address  
8001 CENTERVIEW PARKWAY, SUITE 100  
MEMPHIS TN 38018-4276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1383333

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	CARROLL, THOMAS J	
STREET ADDRESS	8001 CENTERVIEW PARKWAY, SUITE 100	
CITY-ST-ZIP	MEMPHIS TN 38018	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRATT, JAMES	
STREET ADDRESS	8001 CENTERVIEW PARKWAY, SUITE 100	
CITY-ST-ZIP	MEMPHIS TN 38018	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOOJIN, J. THOMAS	
STREET ADDRESS	8001 CENTERVIEW PARKWAY, SUITE 100	
CITY-ST-ZIP	MEMPHIS TN 38018	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWKIRK, JAY	
STREET ADDRESS	8001 CENTERVIEW PARKWAY, SUITE 100	
CITY-ST-ZIP	MEMPHIS TN 38018	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, BOBBY	
STREET ADDRESS	8001 CENTERVIEW PARKWAY, SUITE 100	
CITY-ST-ZIP	MEMPHIS TN 38018	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISE, JOHN	
STREET ADDRESS	8001 CENTERVIEW PARKWAY, SUITE 100	
CITY-ST-ZIP	MEMPHIS TN 38018	

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	
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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:

*James Pratt* (James Pratt)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000

Date

901-757-5307

Daytime Phone #

CR2E034 (9/99)