

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98594

1. Entity Name

BROADCAST SERVICES TOWER SERVICE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90156 013 ***150.00

Principal Place of Business

423 SE 18TH TERR
CAPE CORAL FL 3390
US

Mailing Address

423 SE 18TH TERR
CAPE CORAL FL 3390-2235
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0257159

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

ROUSKEY, KATHLEEN
423 S.E. 18TH TERRACE
CAPE CORAL FL 33990

Name

ROUSKEY, NICK

Street Address (P.O. Box Number is Not Acceptable)

423 SE 18TH TERRACE

City

CAPE CORAL

FL

Zip Code

33990

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

Nick Rouskey

NICK ROUSKEY

4/28/00

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	D	<input type="checkbox"/> Delete
NAME	ROUSKEY, NICK	
STREET ADDRESS	423 SE 18TH TER	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	M	<input type="checkbox"/> Delete
NAME	ROUSKEY, KATHLEEN	
STREET ADDRESS	423 SE 18TH TER	
CITY-ST-ZIP	CAPE CORAL FL 33990	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NICK ROUSKEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK ROUSKEY	
STREET ADDRESS	423 SE 18TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	KATHLEEN ROUSKEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN ROUSKEY	
STREET ADDRESS	423 SE 18TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
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:

Nick Rouskey

NICK ROUSKEY

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)