

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 18, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000001271

1. Entity Name
REALUSE.COM INTERNET SERVICES, L.C.

Principal Place of Business
8431 CORPORATE WAY, SUITE 100
NEW PORT RICHEY FL 34652

Mailing Address
8431 CORPORATE WAY, SUITE 100
NEW PORT RICHEY FL 34652

2. Principal Place of Business
11999 KATY FREEWAY

3. Mailing Address
11999 KATY FREEWAY

Suite, Apt. #, etc.
SUITE 330

Suite, Apt. #, etc.
SUITE 330

City & State
HOUSTON TX

City & State
HOUSTON TX

Zip
77079

Country

Zip
77079

Country

4. FEI Number
59-3567667

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOLAZZO ANTHONY P
8431 CORPORATE WAY, SUITE 100
NEW PORT RICHEY FL 34652 US

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 _____ DATE 05/18/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SOLAZZO ANTHONY P
8431 CORPORATE WAY, SUITE 100
NEW PORT RICHEY FL 34652

☐ 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
WATERS LOUIS AJR.
520 POST OAK BLVD., SUITE 850
HOUSTON TX 77027

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MCCUBBIN GENE
11999 KATY FREEWAY, SUITE 330
HOUSTON TX 77079

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.