

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001271

1. Entity Name

REALUSE.COM INTERNET SERVICES, L.C.

APPROVED
AND
FILED

01 APR 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11999 KATY FREEWAY
SUITE 330
HOUSTON TX 77079

Mailing Address

11999 KATY FREEWAY
SUITE 330
HOUSTON TX 77079

2. Principal Place of Business

520 Post Oak Blvd.

3. Mailing Address

520 Post Oak Blvd.

Suite, Apt. #, etc.

Suite 850

Suite, Apt. #, etc.

Suite 850

City & State

Houston TX 77027

City & State

Houston TX

4. FEI Number

59-3567667

Applied For

Not Applicable

Zip

77027

Country

USA

Zip

77027

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME SOLAZZO, ANTHONY P
STREET ADDRESS 8431 CORPORATE WAY, SUITE 100
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE MGR ☐ Delete
NAME MCCUBBIN, GENE
STREET ADDRESS 11999 KATY FREEWAY, SUITE 330
CITY-ST-ZIP HOUSTON TX 77079

TITLE MGR ☐ Delete
NAME WATERS, LOUIS A JR.
STREET ADDRESS 520 POST OAK BLVD., SUITE 850
CITY-ST-ZIP HOUSTON TX 77027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE MGR ☒ Change ☐ Addition
NAME McCubbin, Gene
STREET ADDRESS 11003 Worthman Blvd.
CITY-ST-ZIP Houston TX 77065

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)