

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90065 050 ***150.00

DOCUMENT # P23623

1. Entity Name

SELL-THRU SERVICES, INC.

Principal Place of Business

**4807 SPICEWOOD SPRINGS RD.
BLDG.3, STE. #3120
AUSTIN TX 78759
US**

Mailing Address

**PO BOX 201627
AUSTIN TX 78720
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2482299**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Kimberly Lusher CFO Kimberly Lusher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	LUSHER, TED	
STREET ADDRESS	6007 NORTHERN DANCER	
CITY-ST-ZIP	AUSTIN TX	
TITLE	O	<input type="checkbox"/> Delete
NAME	JOHNSON, BLAINE	
STREET ADDRESS	7885 LAKEWOOD DR.	
CITY-ST-ZIP	AUSTIN TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHWEERS, VALERIE	
STREET ADDRESS	500 BLANCO RIVER RANCH RD.	
CITY-ST-ZIP	SAN MARCOS TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, WAYNE	
STREET ADDRESS	4210 SPICEWOOD SPRINGS RD S210A	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILLS, PAT	
STREET ADDRESS	11644 BRIARWOOD LN	
CITY-ST-ZIP	BURR RIDGE IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUSHER, SHARON E	
STREET ADDRESS	6007 NORTHERN DANCER	
CITY-ST-ZIP	AUSTIN TX 78746	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Lusher	
STREET ADDRESS	9213 Spicebrush Dr.	
CITY-ST-ZIP	Austin TX. 78759	
TITLE	National sales Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Lusher	
STREET ADDRESS	2635 Goldfinch	
CITY-ST-ZIP	Cedar Park Tx. 78613	
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:

Kimberly Lusher CFO Kimberly Lusher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

(512)346-5075

Daytime Phone #

CR2E034 (10/00)