

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40274

1. Entity Name

ROYAL PAYPHONES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90935 031 ***158.75

Principal Place of Business

Mailing Address

779 NEPTUNE **5857 Riggs CT.**
 ENCINITAS CA 92024 **BAKERSFIELD, CA**
93306

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 ENCINITAS CA 92024 **BAKERSFIELD CA.**
93306

2. Principal Place of Business

5857 Riggs CT. B

3. Mailing Address

5857 Riggs CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BAKERSFIELD, CA.

City & State

BAKERSFIELD, CA.

4. FEI Number

33-0346211

Applied For

Not Applicable

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

Ben C. Long

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

(NOTE: Registered Agent signature required when reinstating)

2-25-00

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 **PSTC** ☐ Delete
 NAME **HARBISON, JAMES**
 STREET ADDRESS **779 NEPTUNE**
 CITY-ST-ZIP **ENCINITAS CA 92024**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **HARBISON, JAMES**
 STREET ADDRESS **1817 EDLUS ST.**
 CITY-ST-ZIP **ENCINITAS, CA 92024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 a address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Harbison

2/26/2000

Date

Daytime Phone #

661-871-2061

CR2E034 (9/99)