

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038706

1. Entity Name

PAYPHONE ADVERTISING MEDIA, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90034 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1620 MEDICAL LN  
SUITE 148  
FT. MYERS FL 33907  
US

P.O. BOX 07478  
SUITE D  
FT. MYERS FL 33919-0471  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4460 CAMINO REAL WAY  
Suite, Apt. #, etc.  
2

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33912

USA

4. FEI Number

65-0827323

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

O'REILLY, LAWRENCE P  
1620 MEDICAL LN  
SUITE 148  
FT. MYERS FL 33907

Name

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

4460 CAMINO REAL WAY #2

City

FORT MYERS, FL

FL

Zip Code

33912

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

MICHAEL PICKETT

2/8/2000

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	VP	<input type="checkbox"/> Delete
NAME	O'REILLY, LAWRENCE P	
STREET ADDRESS	1620 MEDICAL LN #148	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'REILLY, EILEEN M	
STREET ADDRESS	1620 MEDICAL LN, SUITE 148	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	P	<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, LAWRENCE P	
STREET ADDRESS	4460 CAMINO REAL WAY #2	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, EILEEN M.	
STREET ADDRESS	4460 CAMINO REAL WAY #2	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL PICKETT, MICHAEL	
STREET ADDRESS	4460 CAMINO REAL WAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
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 MICHAEL PICKETT

Date

Daytime Phone #

2/8/2000 941-939-5400

CR2E034 (9/99)