

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90499 015 \*\*\*150.00

**DOCUMENT # P97000039334**

1. Entity Name

**MEMORIAL HWY CELLULAR PHONE & BEEPER CONNECTION,**

Principal Place of Business

Mailing Address

5835 MEMORIAL HWY UNIT 13  
 TAMPA FL 33615

5835 MEMORIAL HWY UNIT 13  
 TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

5833 Memorial Hwy → Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number 11-3378321

Applied For

Not Applicable

Zip

Country

Zip

Country

33615

USA

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

HAYES-GOLDBERG, DEBBIE  
 5835 MEMORIAL HWY UNIT 13  
 TAMPA FL 33615

Name

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

5833 Memorial Hwy #B

City

Tampa

FL

Zip Code

33615

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 DEBBIE HAYES-GOLDBERG

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

3/5/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP HAYES-GOLDBERG, DEBBIE 5592 BAYWATER DR TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYNN, MICHAEL 61-33 224TH ST BAYSIDE NY 11364	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LYNN, MARCY 61-33 224TH ST BAYSIDE NY 11364	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, KARL 8802 SOUTH BAY TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DEBBIE HAYES-GOLDBERG  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/01

Daytime Phone #

813 886-1110

CR2E034 (10/00)