

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90396 015 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000039334

1. Entity Name

MEMORIAL HWY CELLULAR PHONE & BEEPER CONNECTION, INC.

Principal Place of Business

**5835 MEMORIAL HWY
B
TAMPA FL 33615**

Mailing Address

**5835 MEMORIAL HWY
B
TAMPA FL 33615**

2. Principal Place of Business

**5833 Memorial Hwy
Suite, Apt. #, etc.
B**

3. Mailing Address

**5833 Memorial Hwy #.
Suite, Apt. #, etc.
B**

City & State

TAMPA FL

City & State

TAMPA FLA

4. FEI Number

11-3378321

Applied For

☐ Not Applicable

Zip

33615 Hillsborough

Zip

33615 Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES-GOLDBERG, DEBBIE
5835 MEMORIAL HWY
B
TAMPA FL 33615**

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

Debbie Hayes-Goldberg VP (NOTE: Registered Agent signature required when reinstating)

DATE

4/8/02

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, 2002 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

| | |
|--|---|
| 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 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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 |

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

Daytime Phone #

4/8/02 (813) 886-1110

CR2E034 (9/01)