

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050751

1. Entity Name

CALL CARD PLUS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90113 037 ***150.00

Principal Place of Business

Mailing Address

16807 U.S. HIGHWAY 19 NORTH
SUITE B
CLEARWATER FL 33764

16807 U.S. HIGHWAY 19 NORTH
SUITE B
CLEARWATER FL 33764-6753

A0048484

2. Principal Place of Business

3. Mailing Address

95 TRADE ST

95 TRADE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

SUITE 103

City & State

City & State

AURORA IL

AURORA IL

Zip

Country

Zip

Country

60504

USA

60504

USA

4. FEI Number

65-0859529

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

GIORGIONE, DAVID
16807 U.S. HIGHWAY 19 NORTH
SUITE B
CLEARWATER FL 33764

Name CHRIS MURRAY

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

19900 HIGHLAND LAKES BLVD

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

CHRIS MURRAY

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/4/2000

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 P
NAME LEE, ROBERT
STREET ADDRESS 95 TRADE STREET SUITE 103
CITY-ST-ZIP AURORA IL 60504

☐ Delete

TITLE CHAIRMAN
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE S
NAME HUDSON, JIM
STREET ADDRESS 95 TRADE STREET SUITE 103
CITY-ST-ZIP AURORA IL 60504

☐ Delete

TITLE PRESIDENT
NAME HUDSON, D. JAMES
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE C
NAME HONOWITZ, DARYL
STREET ADDRESS 95 TRADE STREET SUITE 103
CITY-ST-ZIP AURORA IL 60504

☒ Delete

TITLE DIRECTOR
NAME ROBERT SERRATT
STREET ADDRESS 95 TRADE ST. SUITE 103
CITY-ST-ZIP AURORA, IL 60504

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/2000

Date

630-585-7480

Daytime Phone #