## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathtt{FILED}$ DOCUMENT # **P99000071709** Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** BUY THE NUMBERS, INC. 02-28-2000 90186 036 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 5869 P.O. BOX 5869 SUN CITY CENTER FL 33571-5869 SUN CITY-CENTER FL-33571-5869 3. Mailing Address 2. Principal Place of Business 3706 MINDEDAHL ROAD 3706 MINDEDAHL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For FLORIDA PLANT CITY 59-3594194 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33567 HILLSBORDUGH Fee Required HILLS BOROUGH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERVICE, PYLE, TERRENCE F Street Address (P.O. Box Number is Not Acceptable) 707 DEL WEBB BLVD. WEST SUN CITY CENTER FL 33573 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 nt signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition D-P-7 Change Delete TITLE TITLE ALLENDER, JOHN RiteR PL PYLE, TERRENCE F NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 5869 MAMPAIFE 33619 CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33571-5869 D- VP- 5 ☐ Changé X Addition TITLE ☐ Defete NAME SERVICE, JAMES W. NAME 3706 MINDEDALL ROAD STREET ADDRESS STREET ADDRESS 33567 CITY-ST-ZIP PLANT CITY FLORIDA CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

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James Serv

1-12-2000

(813) 493-9701

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Daytime Phone #

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