

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90020 018 \*\*\*150.00

**DOCUMENT # P00000039667**

1. Entity Name  
**VORTALCONNECT.COM, INC.**

Principal Place of Business  
**502 ALTHEA RD.  
 BELLEAIR FL 33757**

Mailing Address  
**502 ALTHEA RD.  
 BELLEAIR FL 33757**

908680



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**289 DOGWOOD TRACE**

3. Mailing Address  
**289 DOGWOOD TRACE**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR FL**

4. FEI Number **APPLIED FOR**  Applied For  
 Not Applicable

Zip **34689** Country **USA**

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCAVOY, JOHN  
 502 ALTHEA RD.  
 BELLEAIR FL 33757**

7. Name and Address of New Registered Agent  
 Name **JOHN S. MCAVOY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2547 EAGLES CROSSING DRIVE**  
 City **CLEARWATER FL** Zip Code **33762**

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 *John S. McAvoy* **JOHN S. MCAVOY** **1/10/02**  
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.

**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	<b>D</b> <input type="checkbox"/> Delete <b>MCAVOY, JOHN S</b> <b>502 ALTHEA ROAD</b> <b>BELLEAIR FL 33758</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANDBERG, JOHN</b> <b>1006 STONEHEDGE ROAD</b> <b>SAINT CHARLES IL 60174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROUSH, JOHN</b> <b>289 DOGWOOD TRACE</b> <b>PALM HARBOR FL 34689</b>
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"/> 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 <b>JOHN S. MCAVOY</b> <b>2547 EAGLES CROSSING DRIVE</b> <b>CLEARWATER FL 33762</b>
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
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: *John S. McAvoy* **JOHN S. MCAVOY, V.P.** **1/10/02** **727-798-6904**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)