

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90629 049 ***150.00

DOCUMENT # P99000110278 ✓

1. Entity Name
 CONNECTTECH CORP.

Principal Place of Business 1110 Pine Island Road Unit 6 Cape Coral, FL 33909	Mailing Address 1110 Pine Island Road Unit 6 Cape Coral, FL 33909
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0970475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kern, Alan R.
 1110 Pine Island Road, Unit 6
 Cape Coral, FL 33909

7. Name and Address of New Registered Agent

Name: Barbara Cardini
 Street Address (P.O. Box Number is Not Acceptable): 1110 Pine Island Road, Unit 6
 City: Cape Coral **FL** Zip Code: 33909

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: Barbara Cardini Barbara Cardini 4/30/01
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. <input type="checkbox"/> <small>(See criteria on back)</small>	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 <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE Vice President <input type="checkbox"/> Delete	NAME Alan R. Kern
STREET ADDRESS 1110 Pine Island Road, Unit 6	
CITY-ST-ZIP Cape Coral, FL 33909	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Gary Cardini
STREET ADDRESS 1110 Pine Island Road, Unit 6	
CITY-ST-ZIP Cape Coral, FL 33909	
TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Barbara Cardini
STREET ADDRESS 1110 Pine Island Road, Unit 6	
CITY-ST-ZIP Cape Coral, FL 33909	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	

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: Barbara Cardini Barbara Cardini 4/30/01 (941) 772-7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #