

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90518 037 ***150.00

OPTIONAL FORM NO. 1001 (10/02)

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**

41011864



2. Principal Place of Business
3013 SE 18th Ave

3. Mailing Address
3013 18th Ave.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Cape Coral FL

City & State
Cape Coral, FL.

Zip
33904

Country
LEE

Zip
33904

Country
LEE

4. FEI Number **65-0970475**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARDINI, BARBARA
1110 PINE ISLAND ROAD, UNIT 6
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name
Cardini Barbara Gary

Street Address (P.O. Box Number is Not Acceptable)
3013 SE 18th Ave.

City
Cape Coral

FL

Zip Code
33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary Cardini* **Gary Cardini, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE **25 APR 03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARDINI, BARBARA	
STREET ADDRESS	1110 PINE ISLAND ROAD, UNIT 6	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARDINI, GARY	
STREET ADDRESS	1110 PINE ISLAND ROAD, UNIT 6	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARDINI, BARBARA	
STREET ADDRESS	1110 PINE ISLAND ROAD, UNIT 6	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARDINI, GARY	
STREET ADDRESS	1100 PINE ISLAND RD. 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cardini Barbara	
STREET ADDRESS	3013 SE 18th Ave.	
CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cardini Gary	
STREET ADDRESS	3013 SE 18th Ave.	
CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cardini Barbara	
STREET ADDRESS	3013 SE 18th Ave.	
CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cardini Gary	
STREET ADDRESS	3013 SE 18th Ave.	
CITY-ST-ZIP	Cape Coral, FL. 33904	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Cardini* **Gary Cardini, Vice President** **25 APR 03** **239-540-3234**

(NOTE: Signature and typed or printed name of signing officer or director)

Date Daytime Phone #

PR2E034 (10/02)