

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90066 041 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000001686			
1. Entity Name CONNELLY ENTERPRISES INCORPORATED			
Principal Place of Business P.O. BOX 21103 FORT LAUDERDALE FL 33335-1103		Mailing Address P.O. BOX 21103 FORT LAUDERDALE FL 33335-1103	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0422002		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONNELLY, MICHAEL 6917 NW 34TH AVE FORT LAUDERDALE FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		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"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CONNELLY, MICHAEL 6917 NW 34 AVE FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 207, 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 empowerment.			
SIGNATURE: <i>Michael Connelly</i>		DATE _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)