

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003965**

1. Entity Name

CONNECTING TECHNOLOGY, INC.

Principal Place of Business

**1575 AVIATION CENTER PKWY
SUITE 506
DAYTONA BEACH FL 32114**

Mailing Address

**P.O. BOX 290583
PORT ORANGE FL 32129-0583**

2. Principal Place of Business

782 MONROE RD

3. Mailing Address

P.O. BOX 471262

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

City & State

LAKE MONROE, FL

Zip

32771

Country

USA

Zip

32747-1262

Country

USA

6. Name and Address of Current Registered Agent

FERRARA, ROBIN L**2323 W. MAGNOLIA ROAD
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

ROBIN L. FERRARA

Street Address (P.O. Box Number is Not Acceptable)

608 N. STONE ST.

City

DELAND**FL**

Zip Code

32720

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

Robin L. Ferrara**ROBIN L. FERRARA****4-23-01**

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.
(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
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	C FERRARA, ROBIN L	2323 W. MAGNOLIA ROAD	DELAND FL 32724	

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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

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

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:

Robin L. Ferrara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

407-323-3375

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90449 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3585306

Applied For

Not Applicable

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

CR2E034 (10/00)