

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000550

1. Entity Name

PASCO BUSINESS CONNECTIONS, INC.

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90016 050 ****61.25

Principal Place of Business

2834 US 19 Hwy
HOLIDAY FL 34691
US

Mailing Address

2835 US 19 Hwy
HOLIDAY FL 34691
US

00060669



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAREL, JOHN
2835 US 19 Hwy
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KING, KAREN ☒ Delete
STREET ADDRESS 5741 IVY LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE TD
NAME WAVAL, ROBERT ☒ Delete
STREET ADDRESS 61118 2ND AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD
NAME MOLLWEC, CHUCK ☒ Delete
STREET ADDRESS 1408 FLOTILLA DR
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Robert Ward
STREET ADDRESS 2835 US 19
CITY-ST-ZIP Holiday, FL 34691

TITLE TD ☐ Change ☒ Addition
NAME Sandy Moyer
STREET ADDRESS 2835 US 19
CITY-ST-ZIP Holiday, FL 34691

TITLE SD ☐ Change ☒ Addition
NAME Kim Ahnui
STREET ADDRESS 2835 US 19
CITY-ST-ZIP Holiday, FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

Signature of John Karel

8-1-01

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CR2E037 (5/01)