

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90020 018 ***150.00

DOCUMENT # P00000039667

1. Entity Name
VORTALCONNECT.COM, INC.

Principal Place of Business

502 ALTHEA RD.
BELLEAIR FL 33757

Mailing Address

502 ALTHEA RD.
BELLEAIR FL 33757

2. Principal Place of Business

289 DOGWOOD TRACE

Suite, Apt. #, etc.

3. Mailing Address

289 DOGWOOD TRACE

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

APPLIED FOR

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCAVOY, JOHN
502 ALTHEA RD.
BELLEAIR FL 33757

7. Name and Address of New Registered Agent

Name **JOHN S. MCAVOY**
Street Address (P.O. Box Number is Not Acceptable) **2547 EAGLES CROSSING DRIVE**
City **CLEARWATER** **FL** **Zip Code** **33762**

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

John S. McAvoy

JOHN S. MCAVOY

1/10/02

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, 2002 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 **D** ☐ **Delete**
NAME **MCAVOY, JOHN S**
STREET ADDRESS **502 ALTHEA ROAD**
CITY-ST-ZIP **BELLEAIR FL 33750**

TITLE **D** ☐ **Delete**
NAME **SANDBERG, JOHN**
STREET ADDRESS **1006 STONEHEDGE ROAD**
CITY-ST-ZIP **SAINT CHARLES IL 60174**

TITLE **D** ☐ **Delete**
NAME **ROUSH, JOHN**
STREET ADDRESS **289 DOGWOOD TRACE**
CITY-ST-ZIP **PALM HARBOR FL 34689**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ **Change** ☐ **Addition**
JOHN S. MCAVOY
2547 EAGLES CROSSING DRIVE
CLEARWATER FL 33762

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

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

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

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

☐ **Change** ☐ **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:

John S. McAvoy **JOHN S. MCAVOY, V.P.**

1/10/02

727-798-6904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (9/01)