## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 18, 2001 8:00 am **Secretary of State DOCUMENT #** P00000049021 1. Entity Name 07-18-2001 90262 024 \*\*\*150.00 Connbiz, Inc. Principal Place of Business Mailing Address C0073777 1618 SE 3rd Ct. Same Deerfield Beach, Fl 33441 2. Principal Place of Business 3. Mailing Address militaria from the second 1618 SE 3rd Ct 1618 SE 3rd Ct Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Deerfield Beach, Fl Deerfield\_Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required Broward Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Andrews: Connolly Street Address (P.O. Box Number is Not Acceptable) 1618 SE 3rd Ct. Deerfield Beach, Fl 33441 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. -Election Campaign Financing \$5.00 May Be After MAY-1, 2001 Fee will be \$550.00 === -Tax filing requirement and elects to do so. Trúst Fund Contributión. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Mary Connolly ☐ Addition ☐ Delete TITLE NAME 4116 Riverside Dr. STREET ADDRESS STREET ADDRESS $_{\circ}T$ Coral Springs, Fl 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP- + CITY-ST-ZIP Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME 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.

STREET ADDRESS

SIGNATURE: \_\_

CITY-ST-ZIP

FILED