

2001 UNIFORM BUSINESS REPORT (UBR)

5/1
FILED
Jul 06, 2001 8:00 am
Secretary of State

05-14-2001 90026 007 ***150.00

DOCUMENT # P00000092202

1. Entity Name
CONEXSYS, INC.

Principal Place of Business
3233 EAST BAY DRIVE
SUITE 101
LARGO FL 33771

Mailing Address
3233 EAST BAY DRIVE
SUITE 101
LARGO FL 33771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, DAVID R
3233 EAST BAY DRIVE
SUITE 101
LARGO FL 33771

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

David R. Ellis DAVID R. ELLIS 4/16/01

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

(NOTE: Registered Agent signature required when reissuing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P VANMIERLOBENSTEYN, NICO 70508 BRAMALEA ROAD, SUITE 32 MISSISSAUGA, ONTARIO CANADA L5S-1S9 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S VANMIERLOBENSTEYN, MARY E 70508 BRAMALEA ROAD, SUITE 32 MISSISSAUGA, ONTARIO CANADA L5S-1S9 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 entries.

SIGNATURE:

Nico Vanmierlobensteyn
NICO VANMIERLOBENSTEYN

APRIL 16 '2001 727531-1111

Date

Daytime Phone #

CR2004 (10/00)

Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions) CONEXSYS INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
3233 EAST BAY DRIVE, SUITE 101

4b City, state, and ZIP code
LARGO, FL 33771

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
NICK VANMIERLOBENSTEYN

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)
- ☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN)
- ☐ REMIC ☐ National Guard ☒ Other corporation (specify) ▶ LIMITED LIABILITY CO
- ☐ State/local government ☐ Farmers' cooperative ☐ Trust
- ☐ Church or church-controlled organization ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ▶ (enter GEN if applicable)
- ☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated State FLORIDA Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶ TRADE SHOW REGISTRATION

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a pension plan (specify type) ▶

☐ Created a trust (specify type) ▶

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) SEPT 29 '2000

11 Closing month of accounting year (see instructions) DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural 1 Agricultural Household

14 Principal activity (see instructions) ▶ TRC

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail) ☐ Other (specify) ▶ ☒ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ NICK VANMIERLOBENSTEYN PRESIDENT

Business telephone number (include area code) (800) 661-5319

Fax telephone number (include area code) (800) 628-8838

Signature ▶ [Signature] Date ▶ APRIL 16 '2001

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo. Ino. Class Size Reason for applying

Attachment
DAVID R. ELLIS
ATTORNEY AT LAW

9508

BAY PROFESSIONAL CENTER
3233 EAST BAY DRIVE
SUITE 101
LARGO, FLORIDA 33771
TEL. (727) 531-1111
FAX (727) 531-5088
ellislaw@alum.mit.edu

June 14, 2001

COMPUTER & CYBERLAW
CORPORATION AND
BUSINESS LAW
COPYRIGHTS & TRADEMARKS
LICENSING & FRANCHISING
ENTERTAINMENT LAW
CONTRACT LAW

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1040

Re: CONEXSYS, INC. - Reference No. P00000092202

Gentlemen:

In response to your letter of May 21, 2001, and based on our telephone call with your office today, we are enclosing a copy of the Corporation's SS-4 Application for an FEI number, submitted to the Internal Revenue Service on April 16, 2001.

My client has not yet received the FEIN despite several inquiries, possibly because he resides in Canada. We will inform you of the number when it is issued.

We trust that this will be sufficient for now. If you have any questions, please contact me.

Very truly yours,

David R. Ellis

David R. Ellis

DRE:dun

Enclosure

cc: Mr. Nick VanMierlobensteyn
Conexsys, Inc.