

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 11 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000050967**

1. Entity Name  
**KONECTA, INC.**

Principal Place of Business  
**15177 PARKSIDE DR DR #05  
FT MYERS FL 33908**

Mailing Address  
**15177 PARKSIDE DR DR #05  
FT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15178 Parkside Dr.  
Suite, Apt. #, etc.  
#4**

3. Mailing Address  
**15178 Parkside Dr.  
Suite, Apt. #, etc.  
#4**

City & State  
**Fort Myers, FL  
Zip  
33908**

City & State  
**Fort Myers, FL  
Zip  
33908**

4. FEI Number  
**65-1101419**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SVSOF SOUTH FL INC  
15177 PARKSIDE DR DR #05  
FT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **Kelly E. Hill**  
Street Address (P.O. Box Number is Not Acceptable)

**15178 Parkside Dr #4  
City Fort Myers FL Zip Code 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kelly E. Hill**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **9/9/02**

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	<b>President Kelly E. Hill 15178 Parkside Dr. #4 Fort Myers, FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>President Kelly E. Hill 15178 Parkside Dr. #4 Fort Myers, FL 33908</b>	<input type="checkbox"/> Change <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2034 (4/02)

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/9/02** (94) 251-7668  
Date Daytime Phone #

Attachment

# P01000050967  
125753

Division of Corporations,

My company, Konecta, Inc., did not receive the prior notice. We apologize for any inconvenience.

Thank you for your time,

  
Kelly E. Hill