

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90781 012 \*\*\*150.00

**DOCUMENT # P02000007118**



1. Entity Name  
**SMART CONNECTIONS:INC OF VOLUSIA**

Principal Place of Business  
~~555 W. GRANADA BLVD.~~  
~~SUITE B-5~~  
~~ORMOND BEACH FL 32174~~

Mailing Address  
~~555 W. GRANADA BLVD.~~  
~~SUITE B-5~~  
~~ORMOND BEACH FL 32174~~

*Change*



2. Principal Place of Business  
**1800 W. Int'l Speedway Blvd.**

3. Mailing Address  
**1800 W. Int'l Speedway Blvd.**

Suite, Apt. #, etc.  
**B1-104**

City & State  
**Daytona Beach, FL**

Zip  
**32114**

Country  
**USA**

4. FEI Number  
**60-0002081**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOGUIDICE, JOSEPH A**  
**555 W. GRANADA BLVD.**  
**SUITE B-5**  
**ORMOND BEACH FL 32174**

*Delete*

Name  
**Bryan Bloch**

Street Address (P.O. Box Number is Not Acceptable)  
**2441 Bellevue Ave.**

City  
**Daytona Beach**

FL Zip Code  
**32114**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOCH, BRYAN</b> <b>555 W. GRANADA BLVD. #B-5</b> <b>ORMOND BEACH FL 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PANAGGIO, MICHAEL</b> <b>555 W. GRANADA BLVD. #B-5</b> <b>ORMOND BEACH FL 32174</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/28/03** 386 271 3048  
Daytime Phone #

CR2E034 (10/02)