2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P95000045637 CENTSABLE CONNECTIONS, INC. 02-27-2001 90341 023 ***150.00 Principal Place of Business Mailing Address 2853 WORK DR. 4128 SE 9TH CT CAPE CORAL FL 33904 FT MYERS FL 33916 2. Principal Place of Business Mailing Address 13800 ORANGERIVER BLG 13800 ORANGE RIVER BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0587830 FI 4.MVERF4. MYERS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u> 33905</u> LEE LEE Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name ZARECKY, LUCINDA Street Address (P.O. Box Number is Not Acceptable) 4128 SE 9TH COURT CAPE CORAL FL 33904 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE NAME ZARECKY, LUCINDA NAME 13800 ORANGE RIVER BIND. STREET ADDRESS STREET ADDRESS 4128 SE 9TH COURT CITY-ST-ZIP CITY-ST-ZIP PT. MYERS, FL. 33905 CAPE CORAL FL 33904 ▼ Change ☐ Delete TITLE TITLE ZARECKY, JOHN E NAME NAME 13000 ORANGE RIVER BIVD. STREET ADDRESS 4128 SE 9TH CT STREET ADDRESS T.MYERS, FL. 33905 CITY-ST-7/P CITY-ST-7IP CAPE CORAL FL Delete TITLE JESSICA E. ZARECK NAME NAME 13800 ORANGE RIVER BIVE STREET ADDRESS STREET ADDRESS FT. MYERS, FL. 33905 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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)(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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Lucinda Marchy Lucinda M. Zarecky SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

2-19-01

941-332-8565

Daytime Phone #