## 2002 Uniform Business Report (UBR)

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## Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P95000045637 1. Entity Name 03-27-2002 90007 028 \*\*\*150.00 CENTSABLE CONNECTIONS, INC. Principal Place of Business Mailing Address 13800 ORANGE RIVER BLVD 13800 ORANGE RIVER BLVD FORT MYERS FL 33905 FORT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0587830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 Asceptable) 4128 SE 9TH COURT CAPE CORAL FL 33904 33905 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) DATE 9. This corporation is eligible to satisfy its Intangible **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 113 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 ZARECKY, LUCINDA NAME NAME STREET ADDRESS 13800 ORANGE RIVER BLVD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ZARECKY, JOHN E NAME 13800 ORANGE RIVER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition Change NAME ZARECKY, JESSICA E NAME STREET ADDRESS 13800 ORANGE RIVER BLVD STREET ADDRESS CITY-ST-7IE FORT MYERS FL 33905 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

**FILED**