

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097202

1. Entity Name

CONNECT.AD SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90796 039 ***150.00

Principal Place of Business

1000 W. MCNAB ROAD
SUITE 236
POMPANO BEACH FL 33069

Mailing Address

1000 W. MCNAB ROAD
SUITE 236
POMPANO BEACH FL 33069-4719

2. Principal Place of Business

123 NW 13th St
Suite, Apt. #, etc.
304-10

3. Mailing Address

P.O. Box 2315
Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Palm Beach, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0633996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLODNY, JOHN D
1000 W. MCNAB ROAD
SUITE 236
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name Michael A. Bhathena

Street Address (P.O. Box Number is Not Acceptable)

123 N.W. 13th St.

Suite 304-10

City

Boca Raton

FL

Zip Code

33432

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]

Michael A. Bhathena 4/25/00

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
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLODNY, JOHN D	
STREET ADDRESS	1000 W. MCNAB ROAD, #236	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, RUTH A	
STREET ADDRESS	1000 W. MCNAB ROAD, #236	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PROS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Bhathena	
STREET ADDRESS	123 N.W. 13th Street, Ste. 304-10	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

[Signature]

Michael A. Bhathena 4/25/00

561-417-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)