

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90120 018 ***150.00

DOCUMENT # P95000097202

1. Entity Name

CONNECT.AD SERVICES, INC.

Principal Place of Business

123 NW 13TH ST.
304-10
BOCA RATON FL 33432

Mailing Address

123 NW 13TH ST.
304-10
BOCA RATON FL 33432

2. Principal Place of Business

2875 S. OCEAN BLVD.
Suite, Apt. #, etc.
Suite 211

3. Mailing Address

2875 S. OCEAN BLVD.
Suite, Apt. #, etc.
Suite 211

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

U.S.

Zip

33480

Country

U.S.

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

7. Name and Address of New Registered Agent

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

Name
MICHAEL J. POSNER

Street Address (P.O. Box Number is Not Acceptable)
4420 BEACON CIRCLE

Suite 100

City
WEST PALM BEACH, FL

Zip Code
33407

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

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COLODNY, JOHN D
1000 W. MCNAB ROAD, #236
POMPANO BEACH FL 33069 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SAUNDERS, RUTH A
1000 W. MCNAB ROAD, #236
POMPANO BEACH FL 33069 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MICHAEL A. BHATHENA
2875 S. OCEAN BLVD. STE. 211
PALM BEACH, FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BRADFORD L. TOLLEY
2875 S. OCEAN BLVD. STE. 211
PALM BEACH, FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADFORD L. TOLLEY 4/17/01 561-832-2700

Date

Daytime Phone #

CR2E034 (10/00)