

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004999

1. Entity Name

SOCIAL CONNECTIONS, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90182 045 ***150.00

Principal Place of Business

Mailing Address

C/O JANET R. PEZELJ
249 RIVER PARK DRIVE
JUPITER FL 33477

C/O JANET R. PEZELJ
249 RIVER PARK DRIVE
JUPITER FL 33477-9328

2. Principal Place of Business

3. Mailing Address

818 U.S. 2

<above>

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

City & State

City & State

North Palm Beach

Zip

Country

Zip

Country

33408

USA

4. FEI Number

65-0893654

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

PEZELJ, JANET R
249 RIVER PARK DRIVE
JUPITER FL 33477

Name

(same)

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

City

FL

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 resigning)

DATE

Janet Pezelj, President

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEZELJ, JANET
249 RIVER PARK DRIVE
JUPITER FL 33477 ☐ Delete

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Janet Pezelj, President 4/24/00

501-650-6544

CR2E034 (9/99)