

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90518 037 ***150.00

DOCUMENT # P99000110278

1. Entity Name
CONNECTTECH, CORP.



Principal Place of Business
1110 PINE ISLAND ROAD, UNIT 6
CAPE CORAL FL 33909

Mailing Address
1110 PINE ISLAND ROAD, UNIT 6
CAPE CORAL FL 33909

41011864



2. Principal Place of Business
3013 SE 18th Ave.
Suite, Apt. #, etc.

3. Mailing Address
3013 18th Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral FL
Zip
33904
Country
LEE

City & State
Cape Coral, FL.
Zip
33904
Country
LEE

4. FEI Number
65-0970475

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

CARDINI, BARBARA
1110 PINE ISLAND ROAD, UNIT 6
CAPE CORAL FL 33909

Name
Cardini Barbara Gary
Street Address (P.O. Box Number is Not Acceptable)
3013 SE 18th Ave.
City
Cape Coral **FL** Zip Code
33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gary Cardini, Vice President**

25 APR 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CARDINI, BARBARA**
STREET ADDRESS **1110 PINE ISLAND ROAD, UNIT 6**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **P** ☒ Change ☐ Addition
NAME **Cardini Barbara**
STREET ADDRESS **3013 SE 18th Ave.**
CITY-ST-ZIP **Cape Coral, FL. 33904**

TITLE **V** ☐ Delete
NAME **CARDINI, GARY**
STREET ADDRESS **1110 PINE ISLAND ROAD, UNIT 6**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **V** ☒ Change ☐ Addition
NAME **Cardini Gary**
STREET ADDRESS **3013 SE 18th Ave.**
CITY-ST-ZIP **Cape Coral, FL. 33904**

TITLE **T** ☐ Delete
NAME **CARDINI, BARBARA**
STREET ADDRESS **1110 PINE ISLAND ROAD, UNIT 6**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **T** ☒ Change ☐ Addition
NAME **Cardini Barbara**
STREET ADDRESS **3013 SE 18th Ave.**
CITY-ST-ZIP **Cape Coral, FL. 33904**

TITLE **S** ☐ Delete
NAME **CARDINI, GARY**
STREET ADDRESS **1100 PINE ISLAND RD. UNIT 6**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **S** ☒ Change ☐ Addition
NAME **Cardini Gary**
STREET ADDRESS **3013 SE 18th Ave.**
CITY-ST-ZIP **Cape Coral, FL. 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY CARDINI, Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR 03
Date

239-540-3234
Daytime Phone #

CR2E034 (10/02)