

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90024 007 \*\*\*\*50.00

**DOCUMENT # L02000025674**

1. Entity Name  
**VCONNECT, LLC**



Principal Place of Business  
**101 SPANISH MOSS ROAD  
DAVENPORT FL 33837**

Mailing Address  
**101 SPANISH MOSS ROAD  
DAVENPORT FL 33837**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**04-3713512**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDON, JACK PL\_02000025674  
130 E. CENTRAL AVE.  
VCONILAKE WALES FL 33853**

Name

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

City

**FL**

Zip Code

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JML Global, LLC  
101 Spanish Moss Road  
Davenport, FL 33837**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BRANDON, JACK PL\_02000025674  
130 E. CENTRAL AVE.  
VCONILAKE WALES FL 33853**

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**JML Global, LLC**

By: **Joe Lewo-Manager**

SIGNATURE:

SIGNATURE REQUIRED

**3/5/03**

**863-424-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)