

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90169 001 ***150.00

DOCUMENT # P96000041288
 1. Entity Name
CONNECT SYSTEMS U.S.A., INC.

Principal Place of Business: **1168 LUCAYA CIRCLE ORLANDO FL 32824**
 Mailing Address: **1970 OSCEOLA PKWY 344 KISSIMMEE . 34743 US**

UUUUDUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
1168 LUCAYA CIRCLE
 City & State: **ORLANDO FL.**
 Zip: **32824** Country: **U.S.A.**

4. FEI Number: **59-3379523**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LAVIGNE, JAMES R
5401 S KIRKMAN RD, SUITE 500
ORLANDO FL 32819

7. Name and Address of New Registered Agent
 Name: _____
 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: _____ (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, 2002 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: D <input type="checkbox"/> Delete NAME: DOVER, MICHAEL STREET ADDRESS: 31 BROOK RD HORSHAM CITY-ST-ZIP: WEST SUSSEX RH12 5FS UK	
TITLE: D <input type="checkbox"/> Delete NAME: DOVER, VERA STREET ADDRESS: 31 BROOK RD HORSHAM CITY-ST-ZIP: WEST ESSEX RH12 5FS UK	
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: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DOVER, MICHAEL STREET ADDRESS: 1168 LUCAYA CIRCLE CITY-ST-ZIP: ORLANDO FL. 32824	
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DOVER, VERA STREET ADDRESS: 1168 LUCAYA CIRCLE CITY-ST-ZIP: ORLANDO FL. 32824	
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 OF MICHAEL H. DOVER **M. H. DOVER** 4/9/02 (407)240 1498
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)