

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1168 LUCAYA CIRCLE

City & State

City & State
ORLANDO FL.

4. FEI Number **59-3379523**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32824 U.S.A.

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

LAVIGNE, JAMES R
5401 S KIRKMAN RD, SUITE 500
ORLANDO FL 32819

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	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	

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 M. 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)