

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000004626

1. Entity Name
CONNECTION STAFFING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

888 VETERANS MEMORIAL HWY, STE 440

Suite, Apt. #, etc.

STE 440

City & State

HAUPPAUGE, NY

Zip

11788

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3559391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1701 HAYS STREET

City

TALLAHASSEE

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00 ✓
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH V. AMELLA PRESIDENT + DIRECTOR 888 VETERANS MEMORIAL HWY, STE 440 HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. + DIRECTOR + TREASURER MICHAEL J. FOLDE 888 VETERANS MEMORIAL HWY, STE 440 HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SECY + DIRECTOR MIKE G. REINECKE 31 LAKE HILL DR SUGAR LAND, TX 77479
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AD

13. I hereby certify that the information reported 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 on an attachment with an address, and that I am not otherwise empowered.

SIGNATURE:

MIKE G. REINECKE, V.P.

2/14/02

201-525-8666

Date

Daytime Phone #

CR2E034B (12/01)