

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H39288

1. Entity Name

THE CONNECTION, A TELEMARKETING COMPANY

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90009 017 ***550.00

Principal Place of Business

677 GEORGE KING BLVD., STE 109
CAPE CANAVERAL FL 32920

Mailing Address

677 GEORGE KING BLVD., STE 109
CAPE CANAVERAL FL 32920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2540866

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

BROOKS, KIRBY V., JR.
677 GEORGE KING BLVD., STE. 109
CAPE CANAVERAL FL 32920

Name John L. Kinast

Street Address (P.O. Box Number is Not Acceptable)
677 George King Blvd. #109

City Cape Canaveral FL Zip Code 32920

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 *John L. Kinast*

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

(NOTE: Registered Agent signature required when reinstating)

7/25/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, KIRBY V., JR. 677 GEORGE KING BLVD. CAPE CANAVERAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORENSTEIN, MORTON B. 677 GEORGE KING BLVD. CAPE CANAVERAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACDONALD, GEORGE 677 GEORGE KING BLVD. CAPE CANAVERAL FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John L. Kinast*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

321-799-1650

Daytime Phone #

CR2E034 (5/00)