

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009274

1. Entity Name

INTERCONN GROUP EAST, LLC

Principal Place of Business

1126 53RD COURT
WEST PALM BEACH FL 33460

Mailing Address

1126 53RD COURT
WEST PALM BEACH FL 33460

2. Principal Place of Business

4255 GULF SHORE BLVD., NO.

Suite, Apt. #, etc.

#702

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

3. Mailing Address

4255 GULF SHORE BLVD., NO.

Suite, Apt. #, etc.

#702

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

4. FEI Number

94-3370389

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSTON, JOHN

~~1126 53RD COURT~~

~~WEST PALM BEACH FL 33460~~

7. Name and Address of New Registered Agent

Name

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

4255 GULF SHORE BLVD., NO., SUITE #702

City

NAPLES

FL

Zip Code

34103

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 Huston

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Interconn Group, Inc.
4045 Sunset Lane, Suite B
Shingle Springs, CA 95682

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Corporation Educational Resources, Inc
~~1126 53rd Court~~ 4255 GULF SHORE BLVD., NO.
~~WEST PALM BEACH, FL 33460~~
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004376958-9
-06/08/01--01014--017
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/7/01