

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000007866**1. Entity Name  
THE J CONNECTION, INC.Principal Place of Business  
1250 BUSINESS WAY #5  
LEHIGH ACRES FL 33970  
Mailing Address  
P.O. BOX 74  
LEHIGH ACRES FL 339702. Principal Place of Business  
3108 6 ST. WEST  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
LEHIGH ACRES FL4. FEI Number  
**65-0902568**  
Applied For  
Not ApplicableZip  
33971  
Country5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS-JOSEPH JOEANNE M  
3108-6TH ST  
W. LEHIGH ACRES FL 33970  
Name  
THOMAS-JOSEPH JOEANNE M  
Street Address (P.O. Box Number is Not Acceptable)  
3108-6 ST. WEST  
City  
LEHIGH ACRES FL Zip Code  
33971

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 **JOEANNE M. THOMAS-JOSEPH** 08/21/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees  
Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOEANNE M. THOMAS-JOSEPH** P/D 08/21/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)

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**ROBERT THOMAS - DIRECTOR**

**12451 GATEWAY BLVD  
FORT MYERS, FL 33913**

**ROD MAILHOT - DIRECTOR  
7716 AHOY AVE.**

**NAPLES, FL, 34109**

**CHUCK RICHARDSON - DIRECTOR  
13730 DOWNING LANE, W-3**

**FORT MYERS, FL, 33919**

**MADELINE DORAN - DIRECTOR  
1836 SUNSET PLACE**

**FORT MYERS, FL, 33901**

**JAMES BUCHANON - DIRECTOR  
4954 GARY DRIVE**

**FORT MYERS, FL. 33905**