## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Aug 21, 2001 08:00 AM N00000007866 DOCUMENT # 1. Entity Name **Secretary of State** THE J CONNECTION, INC. Principal Place of Business Mailing Address 1250 BUSINESS WAY #5 P.O. BOX 74 LEHIGH ACRES FL LEHIGH ACRES 33970 33970 2. Principal Place of Business 3. Mailing Address 3108 6 ST. WEST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0902568 LEHIGH ACRES Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33971 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS-JOSEPH JOEANNE THOMAS-JOSEPH JOEANNE Street Address (P.O. Box Number is Not Acceptable) 3108-6TH ST W. LEHIGH ACRES FL33970 City Zip Code LEHIGH ACRES 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. 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 reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE VCH Change X Addition NAME NAME PRESCOTT VENITA STREET ADDRESS STREET ADDRESS 210 SOUTH LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FT. 33936 TITLE ☐ Delete TITLE T/D X Change ☐ Addition NAME JOSEPH JEROME A.T. NAME COUSLEY FRICKA STREET ADDRESS STREET ADDRESS P.O. BOX 74 P.O. BOX 1312 CITY-ST-ZIP LEHIGH ACRES FL. 33970 CITY-ST-ZIP LEHIGH ACRES FL. 33970 TITLE Delete TITLE S/D X Change ☐ Addition NAME JOSEPH JEROME N.R. NAME TORRES ELAINE STREET ADDRESS STREET ADDRESS P.O. BOX 74 810 EDISON AVE. CITY-ST-ZIP LEHIGH ACRES CITY-ST-ZIP LEHIGH ACRÉS FL. 33970 FT. 33936 TITLE Delete TITLE C/DX Change Addition NAME THOMAS DION M NAME FERGUSON CHARLES STREET ADDRESS STREET ADDRESS P.O. BOX 74 102 AIRVIEW AVE. CITY-ST-ZIP LEHIGH ACRES LEHIGH ACRES FL. 33970 CITY-ST-ZIP FL. 33936 TITLE Delete TITLE V/DX Change ☐ Addition NAME JOSEPH JONANTHAN D NAME JOSEPH, SR. JONATHAN D STREET ADDRESS P.O. BOX 74 STREET ADDRESS P.O. BOX 74 CITY-ST-ZIP LEHIGH ACRES $\mathbf{FL}$ 33970 CITY-ST-ZIP LEHIGH ACRES FL33970 TITLE PCEO □ Delete TITLE P/D X Change Addition NAME THOMAS-JOSEPH NAME THOMAS-JOSEPH JOEANNE

12. I hereby certify that the information supplied with this filling 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 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

P.O. BOX 74

LEHIGH ACRES

JOEANNE M. THOMAS JOSEPH

 $\mathbf{FL}$ 

33970

P/D

P.O. BOX 74

LEHIGH ACRES

08/21/2001

33970

CR2E037 (11/00)

**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