2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90090 016 ****70.00

DOCUMENT # N00000007866

1. Entity Name
THE J CONNECTION, INC.

Principal Place of Business	Mailing Address
3108 6 ST. WEST. LEHIGH ACRES FL 33971	P.O. BOX 74 LEHIGH ACRES FL 33970

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3106-6th St W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES	City & State
Zip: 33971 County: LEE	Zip / Country

4. FEI Number 65-0902568 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS JOSEPH, JOEANNE M
3108-6 ST. WEST
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] CEO 9/10/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE 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	P/D CEO THOMAS JOSEPH, JOEANNE M P.O. BOX 74 LEHIGH ACRES FL 33970	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. SALOME JULIEN Trillium Trail GLENDALE MO.	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC V/D JOSEPH, SR., JONATHAN D P.O. BOX 74 LEHIGH ACRES FL 33970	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. V.P. CORNELIA & MICHAEL PIERRE 8223 GRIMSBY CT. GAITHERSBURG MD. 20783	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D FERGUSON, CHARLES 102 AIRVIEW AVE. LEHIGH ACRES FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHERYL DIAMOND 674 Brigantine Blvd N.F.M. FL 3391	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D TORRES, ELAINE 810 EDISON AVE. LEHIGH ACRES FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. BEN STRUNK C/O P.O. BOX 74 LEHIGH A. FL 33971	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D COUSLEY, ERICKA B P.O. BOX 1312 LEHIGH ACRES FL 33970	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCH PRESCOTT, VENITA 210 SOUTH LAKE DRIVE LEHIGH ACRES FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/10/02 941-368-8167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #