

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90884 044 \*\*\*\*61.25

**DOCUMENT # N94000001792**  
1. Entity Name  
**CONNECTION ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4277 TURTLE MOUND RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**4277 TURTLE MOUND RD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MELBOURNE, FL**

City & State  
**MELBOURNE, FL**

Zip  
**32934-8591**

Country  
**USA**

Zip  
**32934-8591**

Country  
**USA**

4. FEI Number  
**59-3241852**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

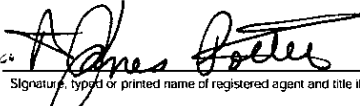
Name  
**A. JAMES POTTER**

Street Address (P.O. Box Number is Not Acceptable)  
**4277 TURTLE MOUND RD**

City  
**MELBOURNE, FL**

Zip Code  
**32934**

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:  **A. JAMES POTTER** **4/29/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD POTTER, A JAMES 4277 TURTLE MOUND RD MELBOURNE, FL 32934-8591</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD POTTER, NANCY L 4277 TURTLE MOUND RD MELBOURNE, FL 32934-8591</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD POTTER, ETHEL L 4277 TURTLE MOUND RD MELBOURNE, FL 32934-8591</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **A. JAMES POTTER** **4/29/02** **(860) 384-0580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)