

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90814 047 \*\*\*\*61.25

DOCUMENT # N94000001792

1. Entity Name

CONNECTION ENTERPRISES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

267 Whiting Lane  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 206  
Suite, Apt. #, etc.

**10095747**

DO NOT WRITE IN THIS SPACE

City & State

West Hartford, CT  
Zip Country

City & State

Rocky Hill, CT  
Zip Country

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

Margaret M Winschel

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

4732 Silver Heron Dr

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Margaret M. Winschel*

MARGARET M. WINSCHHEL

4/21/03

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S T D Potter, A James 267 Whiting Lane West Hartford, CT 06119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Potter, Nancy L 267 Whiting Lane West Hartford, CT 06119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Potter, Jason 19 Burlington Avenue Rockledge, FL 32955
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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*

A James Potter

5-28-03

860-324-8811

CR2E037B (12/02)