

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107977

1. Entity Name
CONNEXIONS.NET, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 19 PM 1:13

Principal Place of Business Mailing Address
3600 ECOMMERCE PLACE 3600 ECOMMERCE PLACE
ORLANDO FL 32808 ORLANDO FL 32808

100004449391--3

-06/28/01--01028--022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

4. FEI Number
59-3684411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, BYRD FJR
301 E. PINE ST., #1400
ORLANDO FL 32801

Name GRAY, HARRIS & ROBINSON RA.
Street Address (P.O. Box Number is Not Acceptable)
301 EAST PINE STREET
SUITE 1400
City ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable.

Byrd F. Marshall, Jr.

5/31/2001
DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Delete
NAME	LEFORT, ROBERT J JR
STREET ADDRESS	3600 ECOMMERCE PLACE
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	<input checked="" type="checkbox"/> Delete
NAME	KOLBEINS, LAURIE G
STREET ADDRESS	3600 ECOMMERCE PLACE
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4500 NE SPINNAKER POINT RD
CITY-ST-ZIP	STUART, FL 34996
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11 SOUTH OSCEOLA AVE, SUITE 3401
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASABOV, PETER
STREET ADDRESS	8712 BAY RIDGE BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOHNS, WILLIAM A
STREET ADDRESS	398 LAKEPARK TRAIL
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: LAURIE KOLBEINS 5/01/01 407-926-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0000981