2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State P01000030307 DOCUMENT # 1. Entity Name 09-17-2002 90097 023 ***158.75 COMMUNICATIONS CONNECTIVITY CONSULTANTS, INC. Principal Place of Business Mailing Address 115 SPOONBILL CT 115 SPOONBILL CT JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1093404 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barrie Godown, CPA WHITE, CHARLES R.L. Street Address (P.O. Box Number is Not Acceptable) 1061 E. Indiantown Rd., 725 N A1A STE E-102 JUPITER FL 33477 City Zig 900977 Jupiter 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 age 9-11-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) nt and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible... \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete SHERMAN, MARK G NAME NAME 115 SPOONBILL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jupiter FL 33458 CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 flustes employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachmen

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-required

th all other like empowered.

9.11.02

FILED

Attach ment 678/77 # PO/000030307 COMMUNICATIONS CONNECTIVITY CONSULTANTS, INC.

Florida Department of State

September 3, 2002

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Filing Fee

To Whom It May Concern:

Let this letter serve as notice that Communications Connectivity Consultants, Inc. did not receive notice of the 2002 Uniform Business Report filing, prior to this notice. This is the only notice received by the corporation. Therefore, as directed on this form, I am submitting the original \$150.00 filing fee with this report.

Thank you for your time and consideration in this matter.

Sincerely,

Mark G. Sherman

President