2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am P01000119583 DOCUMENT # **Secretary of State** 1. Entity Name 03-06-2002 90073 032 ***150.00 KINETIC CONNECTIONS, INC. Principal Place of Business Mailing Address 2922 SW 92 LN RD 2922 SW 92 LN RD OCALA FL 34476 OCALA FL 34476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State , City & State 4. FEI Number *30-002426*0 Not Applicable Zip Country Country \$8.75 Additional 5., Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIECHENS, EUGENE A Street Address (P.O. Box Number is Not Acceptable) 445 NE 8TH AVE **OCALA FL 34470** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **Addition** TITLE ☐ Delete JONES GLENDA 2922 SWAZIALA Road JOSE, GLENDA NAME NAME STREET ADDRESS 2922 SW 92 LN RD STREET ADDRESS CITY-ST-ZIP **OCALA FL 34476** CITY-ST-ZIP OCALA, FL TITLE VP LESLIE V. WIECHENS 1441 SE 80th St X Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS OCALA, FL. 34481 CITY-ST-ZIP CITY-ST-ZIP ANNABELLE SINES **Addition** ☐ Delete Change SIT SW 1085-NAME NAME 18561 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FLDUNNELLON F1 34432 ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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: