Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129335

1. Entity Name



FILED

03 OCT -3 PM 4: 11

| CONNECT SOURCE, INC. | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|---------------------------------------|--|---|---|--|---|--|
| E | DO NOT WRI | TE IN THIS | SPACE | • | | |
| | ace of Business Donial Lane #, etc. | 103 Color | 3. Mailing Address 103 Colonial Lane Suite, Apt. #. etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State Longwood, FL | | City & State Longwood | City & State Longwood, FL | | 4. FEI Number Applied For 71-0916727 Not Applicable | |
| Zip 32750 | Country USA | 32750 | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | | | | ame | 7. Name and Address of Current Registered Agent | |
| DO NOT WRITE IN THIS SPACE | | | | Remington, Brian Street Address (P.O. Box Number is Not Acceptable) 103 Colonial Lane | | |
| 8. The above | named entity submits this statem | eet for the purpose of chang | | ity Long ffice or registe | gwood, FL FL 32750 rered agent, or both, in the State of Florida. I am familiar with, and accept | |
| the obligation | ons of registered agent | 24 | | | | |
| Jan | Signature, typed or printed name of registered wary 1 - May 1 Fee is \$150.0 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departme | 0 nt of State | (NOTE: Registered Age | ur signature ratifum | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. | | AND DIRECTORS . | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D Remington, Bria 103 Colonial La Longwood, FL | ne | TITLE NAME STREET AD CITY-ST-Z | | 50002355109 6 ***150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET AD CITY-ST-2 | 1 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET AD CITY-ST-Z | | DO NOT WRITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET AD CITY-ST-Z | | IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | TITLE NAME STREET AD CITY-ST-Z | ! | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET AD CITY-ST-2 | | | |
| indicated of the core | on this conget as authologoptal car | oort is true en d accurate and empowered to execute thi | d that mu cianatura : | chall have the | Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or on an | |

2012

September 22, 2003

Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

Dear Sirs:

Please find enclosed my UBR for 2003. I am also enclosing a check for \$150.00 to cover the filing fees as required by the law.

-- I-am-requesting that my-company be relieved of the late filing penalty due to the fact that we never received the forms.

Thank you for your help;

Brian Remington President