2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90108 050 ***150.00

C0081001

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000022347

1. Entity Name
Tower Connection, Inc.

P93000022347

Principal Place of Business	Mailing Address
709 Cape Coral Pkwy. Cape Coral, Fl 33914	709 Cape Coral Pkwy. Cape Coral, Fl 33914

2. Principal Place of Business	3. Mailing Address
5265 Nautilus Drive	1105 Cape Coral Pkwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite c
City & State Cape Coral Fl	City & State Cape Coral Fl
Zip 33904 Country USA	Zip 33904 Country USA

4. FEI Number 65-0401641 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

Monika Farmar
709 Cape Coral Parkway, West
Cape Coral, Florida 33914

7. Name and Address of New Registered Agent

Name

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

City FL 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 _____ DATE

Signature, type or print name of registered agent and date if applicable — NOTE: Required Agent signature required when applicable

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

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Monika Farmar 709 Cape Coral Pkwy. West ~~Cape Coral Fl 33904~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Holger Schumacher 5265 Nautilus Dr. ~~Cape Coral, Florida 33904~~ ☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Monika Schumacher 709 CApe COral Parkway West Cape Coral, Florida 33914 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mario Schumacher 709 Cape Coral Pkwy West Cape Coral, Florida 33914 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 12 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Holger Schumacher Pres. Holger Schumacher 011-49-5371-4690
H. Schumacher, Pres, 4/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number