2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P94000062073

ORLANDO CONNECTION, INC.



FIL Apr 14, 20 Secretary

04-14-2003 907

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Principal Place 14936 E. ORA KISSIMMEE FI		Mailing Address 8011 GILLETTE COURT ORLANDO FL 32836	,					· .•	. •	
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2. Principal P	Place of Business '	3. Mailing Address	3		1		D a igi dono di			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	4. FEI Number 59-3274254 Applied For Not Applicab				
Zip	Country	Zip	Country	 	5.	. Certificate of Status Desired		8.75 Add	itional	
-	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Re	gistered A	gent		
-				lame				- ·		
Daiya, PF 8011 Gill	RATAP .ETTE COURT		. s	Street Address	(P.O.	Box Number is Not Acceptable)	·			
ORLANDO) FL 32836									
ته,			C	City			FL	Zip Code	 }	
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered o	office or registe	red a	agent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE .	* **									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature require	d when	n reinstating)	DATE		{	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				9. Election Campaign Final Trust Fund Contribution.			May Be to Fees	
10.	OFFICERS AND	<u>k</u>	11.	- -	A		ERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIYA, PRATAP M 8011 GILLETTE COURT ORLANDO FL 32836	☐ Delete	TITLE NAME STREET AC CITY-ST-					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□] Delete	TITLE NAME STREET AC				·	☐ Change	Addition	
TITLE NAME STREET ADDRESS** CITY-ST-ZIP	and the second s	☐ Delete	TITLE NAME STREET AD CITY-ST-		اوسر	And the second s		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			,		☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with in address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)