

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94 0000 72304**
 1. Entity Name **TELECOM CONNECTION CORP.**

FILED
Apr 06, 2000 8:00 am
Secretary of State
 04-06-2000 90039 014 ***150.00

Principal Place of Business Mailing Address
990 S CONGRESS AVENUE
SUITE 1
DELRAY BEACH FL 33445
US

00053287

2. Principal Place of Business 3. Mailing Address
990 S CONGRESS Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 1
 City & State City & State
DELRAY BEACH FL
 Zip Country Zip Country
33445 US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1408829** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SEARSON, WAYNE
15270 MEADOW WOOD DRIVE
WELLINGTON FL 33414

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SEARSON, WAYNE
STREET ADDRESS	15270 MEADOW WOOD DRIVE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	VP <input type="checkbox"/> Delete
NAME	SEARSON, KIMBERLY
STREET ADDRESS	15270 MEADOW WOOD DRIVE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Wayne Seanson** **Wayne Seanson** **4/3/2000** **561-265-1414**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)