

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90088 014 \*\*\*150.00

**DOCUMENT # P95000081407**

1. Entity Name

**SOCIAL AND ECONOMICAL RESEARCH, INC.**

*name changed to usa-connection.com, Inc.*

Principal Place of Business

*1901 S. Roosevelt Blvd 204N*

~~517 WHITEHEAD ST~~

KEY WEST FL 33040

US

Mailing Address

1107 KEY PLAZA

#134

KEY WEST FL 33040-4077

US

2. Principal Place of Business

*1901 S. Roosevelt Blvd*

Suite, Apt. #, etc.

*# 204N*

City & State  
*Key West*

Zip  
*33040*

Country  
*Mourde*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0626675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, WILLI**

**1901 S. ROOSEVELT BLVD. 204 N**

**KEY WEST FL 33040**

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

*Willi Schneider, President*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/9/2000*

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 **PT** ☐ Delete  
NAME **SCHNEIDER, WILLI**  
STREET ADDRESS **1901 S ROOSEVELT BLVD, #204 NORTH**  
CITY-ST-ZIP **KEY WEST FL**

TITLE **VS** ☐ Delete  
NAME **SCHEPERS-SCHNEIDER, DOROTHEE**  
STREET ADDRESS **1901 S ROOSEVELT BLVD SUITE 204 NORTH**  
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Willi Schneider, Pres. 1/9/2000 (305) 292-2292*

CR2E034 (9/99)

00003937



DO NOT WRITE IN THIS SPACE