

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000033860**1. Entity Name
DATA CONNECTION, INC.

Principal Place of Business 2406 FALLON BLVD PALM BAY FL 32907	Mailing Address 2406 FALLON BLVD PALM BAY FL 32907
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2. Principal Place of Business 2406 FALLON BLVD NE	3. Mailing Address 2406 FALLON BLVD NE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM BAY FL	City & State PALM BAY FL
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Zip 32907	Country	Zip 32907	Country
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4. FEI Number 59-3386522	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentZANZINGER JEFFREY
2406 FALLON BLVD

PALM BAY FL 32907**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 _____ **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZANZINGER JEFFREY	
STREET ADDRESS	2406 FALLON BLVD	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZANZINGER JEFFREY	
STREET ADDRESS	P.O. BOX 60061 N/A	
CITY-ST-ZIP	PALM BAY FL 32906	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANZINGER JEFFREY	
STREET ADDRESS	2406 FALLON BLVD NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANZINGER JEFFREY	
STREET ADDRESS	2406 FALLON BLVD NE	
CITY-ST-ZIP	PALM BAY FL 32906	
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
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: Jeffrey Zanzinger

pd

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)