

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90912 034 ***150.00

DOCUMENT # P96000041288

1. Entity Name
CONNECT SYSTEMS U.S.A., INC.



Principal Place of Business
**1168 LUCAYA CIRCLE
ORLANDO FL 32824
US**

Mailing Address
**1970 OSCEOLA PKWY
344
KISSIMMEE, 34743
US**

2. Principal Place of Business
14007 GASPARILLA ISLE DRIVE

3. Mailing Address
14007 GASPARILLA ISLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32824

Country
USA

Zip
32824

Country
USA

4. FEI Number
59-3379523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAVIGNE, JAMES R
5401 S KIRKMAN RD, SUITE 500
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOVER, MICHAEL**
STREET ADDRESS **1168 LUCAYA CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **DOVER, VERA**
STREET ADDRESS **1168 LUCAYA CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32824**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **DOVER, MICHAEL H.**
STREET ADDRESS **14007 GASPARILLA ISLE DRIVE**
CITY - ST - ZIP **ORLANDO, FL 32824**

TITLE **D** ☒ Change ☐ Addition
NAME **DOVER, VERA**
STREET ADDRESS **14007 GASPARILLA ISLE DRIVE**
CITY - ST - ZIP **ORLANDO, FL 32824**

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

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 an address, with all other links empowered.

SIGNATURE:

SIGNATURE REQUIRED

DOVER, MICHAEL H.

04/11/03

(407) 857-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)