

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000054386**

1. Entity Name

PEAK CONNECTIONS, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90035 033 ***150.00

Principal Place of Business

Mailing Address

**2859 GLORIA COURT
CLEARWATER FL 34621****PO BOX 15342
CLEARWATER FL 33766-5342
US**

2. Principal Place of Business

**1700 McMullen Booth Rd
Suite, Apt. #, etc.
D-1**

3. Mailing Address

**1700 McMullen Booth Rd
Suite, Apt. #, etc.
D-1**

DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3397417

Applied For

Not Applicable

Zip

33759

Country

Pinellas

Zip

33759

Country

Pinellas5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAUTEN, NEIL A
2859 GLORIA COURT
CLEARWATER FL 34621**

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

Neil A Kauten President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/31/999. 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	KAUTEN, NEIL N	
STREET ADDRESS	2859 GLORIA COURT	
CITY-ST-ZIP	CLEARWATER FL 34621	

TITLE	V	<input type="checkbox"/> Delete
NAME	KAUTEN, PAMELA A	
STREET ADDRESS	2859 GLORIA COURT	
CITY-ST-ZIP	CLEARWATER FL 34621	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

12/31/99 (727) 724-5465

Date

Daytime Phone #