

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038614

1. Entity Name

CONNELL SALES AND CONSULTING, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90036 007 \*\*\*150.00

Principal Place of Business

Mailing Address

1311 N GLEN LANE  
LAKELAND FL 33813  
US

1311 N GLEN LANE  
LAKELAND FL 33813-3219  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1623 Lakewood Dr. South

3. Mailing Address

1623 Lakewood Dr. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

65-0826914

Applied For

Not Applicable

Zip

33813

Country

US

Zip

33813

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELL, JOHN T JR  
1311 N GLEN LANE  
LAKELAND FL 33813

Name

CONNELL, JOHN T. JR

Street Address (P.O. Box Number is Not Acceptable)

1623 Lakewood Dr. South

City

Lakeland

FL

Zip Code  
33813

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OM	<input type="checkbox"/> Delete
NAME	CONNELL, RAYDEEN	
STREET ADDRESS	1311 N GLEN LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
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		

TITLE	OM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, RAYDEEN	
STREET ADDRESS	1623 Lakewood Dr. South	
CITY-ST-ZIP	Lakeland, FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John T. Connell, Jr	
STREET ADDRESS	1623 Lakewood Dr. South	
CITY-ST-ZIP	Lakeland, FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Raydeen Connell* Raydeen Connell

4/24/00 (863) 616-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034-(9/99)