

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038614

1. Entity Name  
CONNELL SALES AND CONSULTING, INC.

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90073 025 \*\*\*150.00

Principal Place of Business

1623 LAKEWOOD DR S  
LAKELAND FL 33813  
US

Mailing Address

1623 LAKEWOOD DR S  
LAKELAND FL 33813  
US

100040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1321 NW 94th St.

Suite, Apt. #, etc.

1321 NW 94th St.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

US

Zip

32606

Country

US

4. FEI Number 65-0826914

Applied For

Not Applicable

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)

1321 NW 94th St

City

GAINESVILLE

FL

Zip Code

32606

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, 2001 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  
NAME CONNELL, RAYDEEN  
STREET ADDRESS 1623 LAKEWOOD DR S  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE OM  
NAME Connell, Raydeen  
STREET ADDRESS 1321 NW 94th St  
CITY-ST-ZIP GAINESVILLE, FL 32606 ☒ Change ☐ Addition

TITLE P  
NAME CONNELL, JOHN T JR  
STREET ADDRESS 1623 LAKEWOOD DR S  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE P  
NAME Connell, John T JR  
STREET ADDRESS 1321 NW 94th St  
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*John T. Connell Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/28/01 (813)256-1755  
Date Telephone #

CR2E034 (10/00)