

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

006630

DOCUMENT # P97000077248

1. Entity Name

CONNEXIONS INTERNATIONAL, INC.

01 JUN 19 PM 1:11

Principal Place of Business

Mailing Address

~~3061 MERCY DR~~  
ORLANDO FL 32808

~~3061 MERCY DR~~  
ORLANDO FL 32808

2. Principal Place of Business

3600 eCommerce Place

3. Mailing Address

3600 eCommerce Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3466773

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

~~STAMP, MARTIN F JR.~~  
~~040 HIGHLAND AVE~~  
~~ORLANDO FL 32803~~

MARSHALL, BYRD F JR

GRAY, HARRIS & ROBINSON, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
301 EAST PINE STREET

SUITE 1400

City ORLANDO

FL

Zip Code 32801

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.

Byrd F. Marshall, Jr.

(NOTE: Registered Agent signature required when reinstating)

5/31/2001

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEFORT, ROBERT J JR <del>4701 NE SPINAKER POINT RD</del> <del>STUART FL 34904</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOHNS, WILLIAM A 398 LAKEPARK TRAIL OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLBEINS, LAURIE G <del>111 KENILWORTH RD</del> <del>VILLANOVA PA 19085</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4500 NE SPINAKER POINT RD 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004449388-2 -06/28/01--01028--019 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOLBEINS, LAURIE G 11 SOUTH OSCEOLA AVE, SUITE 3401 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004449388-2 -06/28/01--01028--020 ****400.00 ****400.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LAURIE KOLBEINS

5/01/01 407-926-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)