**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 17, 2002 8:00 am Secretary of State P97000077248 DOCUMENT # 1. Entity Name CONNEXTIONS INTERNATIONAL, INC. 02-17-2002 90043 011 \*\*\*150.00 Mailing Address Principal Place of Business 3600 E. COMMERCE PLACE 3600 E. COMMERCE PLACE ORLANDO FL 32808 ORLANDO FL 32808 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3466773 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSHALL, BYRD F JR. Street Address (P.O. Box Number is Not Acceptable) GRAY, HARRIS & ROBINSON, P.A. 301 E. PINE STREET., STE 1400 ORLANDO FL 32801 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change TITLE ☐ Delete LEFORT, ROBERT J JR NAME NAME STREET ADDRESS STREET ADDRESS 4500 N.E. SPINNAKER POINT RD CITY-ST-ZIP STUART FL 34996 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SD TITLE HOHNS, WILLIAM A NAME NAME STREET ADDRESS 398 LAKEPARK TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Addition TITLE ☐ Delete TITLE NAME KOLBEINS, LAURIE G NAME STREET ADDRESS STREET ADDRESS <del>'11'30UTH '030EOLA AVE.; '9TE 3401-</del>---CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the rec changed, or on an attacking

G KOLBEINS