

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90172 031 ***150.00

DOCUMENT # P97000078310

1. Entity Name
CONNECT ELECTRONICS USA, INC.



Principal Place of Business
13787 BELCHER RD
SUITE 300
LARGO FL 33771

Mailing Address
13787 BELCHER RD
SUITE 300
LARGO FL 33771

2. Principal Place of Business

13787 BELCHER ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

LARGO FL

Zip

Country

Zip

Country

33771

USA

4. FEI Number 59-3475163

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

JACOBSEN, RICHARD A
501 E KENNEDY BLVD
STE 1700
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARTY, SEAN M
STREET ADDRESS 4 GLENARM SQUARE
CITY-ST-ZIP DRUMCONDRA, DUBLIN 9 IRELAND

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSTD
NAME MACDOUGALD, TIMOTHY H
STREET ADDRESS 53 KINCORA GROVE
CITY-ST-ZIP CLONTARF, DUBLIN 3, IRELAND

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME MCKENDRICK, ROBERT W
STREET ADDRESS 3904 BELMOOR DRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME PAULO LEAL
STREET ADDRESS 4202 ROTHERMANG
CITY-ST-ZIP PALM HARBOR, FL 34645

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 13 2003

Date

Daytime Phone #

CR2E034 (10/02)