

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035892

1. Entity Name

THE LAPTOP CONNECTION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90166 010 ***150.00

Principal Place of Business

Mailing Address

1905 CHATHAMMOOR DR.
ORLANDO FL 32825

1905 CHATHAMMOOR DR.
ORLANDO FL 32835-8190

2. Principal Place of Business

7041 Grand National Dr.

3. Mailing Address

7041 Grand National Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 130

Ste. 130

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3511003

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

LINTZ, KELLY C

1905 CHATHAMMOOR DR.
ORLANDO FL 32835

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.

SIGNATURE

Kelly Lintz

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 ☐ Delete

NAME
LINTZ, KELLY C
STREET ADDRESS
1905 CHATHAMMOOR DR.
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
LINTZ, MARC
STREET ADDRESS
1905 CHATHAMMOOR DR.
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
COLLINS, RICH
STREET ADDRESS
1905 CHATHAMMOOR DR.
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
LINTZ, KIM
STREET ADDRESS
1905 CHATHAMMOOR DR.
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
ADAMS, MARK
STREET ADDRESS
1905 CHATHAMMOOR DR.
CITY-ST-ZIP
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

407 352-3360

CR2E034 (9/99)