

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047816

1. Entity Name

K-CONNECTIONS INC.

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90065 023 ***150.00

Principal Place of Business

Mailing Address

1825 TAMiami TRAIL SUITE A6-105
PORT CHARLOTTE FL 33948

1825 TAMiami TRAIL SUITE A6-105
PORT CHARLOTTE FL 33948-1077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1825 Tamiami Trail

1825 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

105

City & State

City & State

Port Charlotte, FL.

Port Charlotte, FL.

Zip

Country

Zip

Country

33948

U.S.

33948

U.S.

4. FEI Number

65-0839149

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

WILLIAMS, JANIS M
1734 10TH WAY
SARASOTA FL 34236

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

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 P
NAME KELLY, M C
STREET ADDRESS 1825 TAMiami TR, STE A 6-105
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: M.C. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.C. Kelly 02/04/2000 (941) 504-1300
Date Daytime Phone #

02-10-2000