

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000100204

1. Entity Name  
**CONNECTION PLUS, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90047 005 \*\*\*150.00

Principal Place of Business      Mailing Address  
26931 PINE AVE      26931 PINE AVE  
BONITA SPRINGS FL 34135      BONITA SPRINGS FL 34135-5012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**11323 Bonita Beach Rd.**      **11323 Bonita Beach Rd.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Bonita Springs, FL**      **Bonita Springs, FL**  
Zip      Country      Zip      Country  
**34135**      **USA**      **34135**      **USA**

4. FEI Number      Applied For  
**65-0878382**       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**

**NICHOLS, DOUGLAS W**  
26931 PINE AVE  
BONITA SPRINGS FL 34135

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NICHOLS, DOUGLAS W</b>
STREET ADDRESS	<b>26931 PINE AVE</b>
CITY-ST-ZIP	<b>BONITA SPGS FL 34135</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>11323 Bonita Beach Road</b>
CITY-ST-ZIP	<b>Bonita Springs, FL 34135</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04-03-00**      Daytime Phone #: **(941) 948-2125**

CR2E034 (9/99)