

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054514

1. Entity Name  
D B S CONNECTION, INC.

Principal Place of Business  
18039 CLEAR BROOK CIR  
BOCA RATON FL 33498

Mailing Address  
18039 CLEAR BROOK CIR  
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODE, STEPHEN  
18039 CLEARBROOKE CIRCLE  
BOCA RATON FL 33498

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)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME ☐ Delete  
P STEPHEN, GOODE  
STREET ADDRESS 18039 CLEAR BROOK CIR  
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

9/10/01

Daytime Phone #

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90006 004 \*\*\*150.00

978447



DO NOT WRITE IN THIS SPACE

0083891 AV

CR2E034 (5/01)

ATTACHMENT

978447

# ***DBS CONNECTION***

**23341-D South West 55th Way Boca Raton Florida 33433**

**Office: 561-483-2222**

**Fax: 561-483-8516**

**dbsguy@bellsouth.net**

**Dear Sirs;**

P99000054514

***I am writing you to explain the problem we had.  
I understand this is a second notice, and I did not get the first notice  
Due to a change of address problem.***

***In June of 1999 I moved from 18039 Clearbrook Cire. Boca Raton Fl  
33498. For some reason I did not get your first request in February.  
I had requested all my mail forwarded to the new address. However I  
did get the second request.***

***On September 10, 2001 at 1:30PM I called your office and an employee  
told me to send in 150.00 Dollars my 12<sup>th</sup> and everything would be  
taken care of. The normal price is \$150.00 per year.***

***Please take note that my new address is DBS Connection  
23341- D SW 55<sup>th</sup> Way  
Boca Raton Florida 33433***

***If there is any questions please call me @ 562-483-2222.***

**Thank you ;**

  
**Steve Goode  
Pres. DBS Connection**