

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91521 040 ***150.00

DOCUMENT # P99000059394

1. Entity Name

Self Connection, Inc.

DO NOT WRITE IN THIS SPACE

32720

2. Principal Place of Business

11445 NW 75th Manor

Suite, Apt. #, etc.

3. Mailing Address

11445 NW 75th Manor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Parkland FL

City & State

Parkland FL

Zip

33074

Country

Zip

33074

Country

USA

4. FEI Number

65-0933748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jerry Whiteway

Street Address (P.O. Box Number is Not Acceptable)

11445 NW 75th Manor

City

Parkland

FL

Zip Code

33074

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 fee 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)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Laurel Whiteway	11445 NW 75th Manor	Parkland, FL 33074
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurel Whiteway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

954-755 1842

Daytime Phone #

CR2E034B (12/01)