2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000059520 Feb 26, 2000 8:00 am 1. Entity Name THE EXECUTIVE CONNECTION, INC. **Secretary of State** 02-26-2000 90049 015 ***150.00 Principal Place of Business Mailing Address 100 SECOND AVE S SUITE 704 990 LAKE CLAIRE N ST PETERSBURG FL 33701-4337 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address 990 N Lake Claire Circle 990 N Lake Claire Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Horida ried 0 59-3586470 Not Applicable Duiedo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIBBS, B GRAY Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVE S SUITE 704 ST PETERSBURG FL 33701 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete P Change TITLE Knoblock, Karen 990 Lake Claire N. Oviedo, FL 32765 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Defete TITLE TITLE Knoblock, Randall P. NAME 990 N Lake Claire Circle STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N22100 (407)977-5

Daytime Phone #

CR2F034 (9/99)