

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

DOCUMENT # *P99000064257*

1. Entity Name

The Independence Connection



FILED
03 MAY -1 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1430 N. To Ter.

Suite, Apt. #, etc.

3. Mailing Address

1430 N. To Ter.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hwd., FL

4. FEI Number

15 65-0934535

Applied For

☒ Not Applicable

Zip

33024

Country

U.S.A.

Zip

33024

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *CYNTHIA L. COUTTS*

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

1430 N. To Ter.

City

Hollywood

FL

Zip Code
33024

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *OWNER*
NAME *CYNTHIA L. COUTTS*
STREET ADDRESS *1430 N. To Ter*
CITY-ST-ZIP *HOLLYWOOD, FL 33024*

TITLE *SECRETARY*
NAME *CATHERINE COUTTS*
STREET ADDRESS *5705 N.W. 112 TER*
CITY-ST-ZIP *MIAMI, FL 33012*

TITLE *OFFICER - V*
NAME *EDWARD O. COUTTS*
STREET ADDRESS *5705 N.W. 112 TER*
CITY-ST-ZIP *MIAMI, FL 33012*

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)