## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900065216  1. Entity Name UK CONNECTION, INC.				Secretary of State 01-31-2002 90181 031 ***150.00
Principal Place of Business 2430 E. ROBINSON ST. ORLANDO FL 32803		Mailing Address 2430 E. ROBINSON ST. ORLANDO FL 32803		
Principal Place of Business     3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3598383 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current		<u> </u>	7. Name and Address of New Registered Agent
				ATTHEW TZEN  18.0-BÓX NÚMBÉRIS NÃI Acceptable)  2 OAK MILL DEIVE  19.0-BÓX NÚMBÉRIS NÃI ACCEPTABLE)  19.0-BÓX MILL DEIVE  19.0-BÓX NÚMBÉRIS NÃI ACCEPTABLE)  19.0-BÓX NÚMBÉRIS NÃI ACCEPTABLE NÚMBÉRIS N
SIGNATURE  9. This corpo Tax filing re	Signature, typed or printed name of registered agent rration is eligible to satisfy its Intangible equirement and elects to do so.	ATTHEW Tand title if applicable. (NOTE	registered office or registered Agent signature requirer.  FREE IS \$150.00  FREE IS \$550.00  FREE IS \$550.00  FREE IS \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
<u> </u>	•	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD TZEN, MATTHEW 2233 POLO CLUB DRIVE, APT KISSIMMEE FL 34741	Delete	STREET ADDRESS CITY-ST-ZIP	D Change Addition  ATTHEN TZEN  72 OAK MIN DRIVE  SSIMMOR FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TZEN, WENDY 2233 POLO CLUB DRIVE APT KISSIMMEE FL 34741	<b>☑</b> Delete	STREET ADDRESS 24	ENDY TREN 72 OAK MILL DRIVE Simmee FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or cumplemental report is	s true and accurate and that movered to execute this report :	ny signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR