

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067950

1. Entity Name

B AND F CONNECTION, INCORPORATED

Principal Place of Business

Mailing Address

5416 Dorrington Lane
Orlando, FL 32821

5416 Dorrington Lane
Orlando, FL 32821

2. Principal Place of Business

4726 S. Orange Blossom Tr

3. Mailing Address

4726 S Orange Blossom Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3600786

Applied For

Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James McCoy
5416 Dorrington Lane
Orlando, FL 32821

7. Name and Address of New Registered Agent

Name
Ihsan Robinson

Street Address (P.O. Box Number is Not Acceptable)
4726 S Orange Blossom Tr

City
Orlando, FL

FL 32809

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 (print or printed name of registered agent if not applicable)

(NOTE: Registered Agent signature required on back of this report)

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 \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financial Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

04-20-00

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90310 011 ***150.00