

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087243

1. Entity Name

THE BUSINESS MACHINE CONNECTION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90063 037 ***150.00

Principal Place of Business

412 WASHINGTON AVENUE
OLDSMAR FL 34677

Mailing Address

412 WASHINGTON AVENUE
OLDSMAR FL 34677-3747

2. Principal Place of Business

231 DOUGLAS RD. E

3. Mailing Address

P.O. BOX 2122

Suite, Apt. #, etc.

SUITE # 7

Suite, Apt. #, etc.

City & State

OLDSMAR FL.

City & State

OLDSMAR, FL.

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

59-3600978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHECHT, NEIL S
3426 W. KENNEDY BOULEVARD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MARTIN, MICKEY	
STREET ADDRESS	4319 BAG AVENUE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKS, THERESA	
STREET ADDRESS	4001 DELEON	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. MARTIN 2/22/00

Date

813-854-4141

Daytime Phone #