

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090902

1. Entity Name  
CD CONNECTION, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90102 026 \*\*\*550.00

Principal Place of Business  
144 SEA ISLAND DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address  
144 SEA ISLAND DRIVE  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business  
1908 3rd St. S.  
Suite, Apt. #, etc.

3. Mailing Address  
1908 3rd St. S.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville Beach FL  
Zip 32250 Country USA

City & State  
Jacksonville Beach FL  
Zip 32250 Country USA

4. FEI Number  
59-3602833

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DIXON, TERRY  
144 SEA ISLAND DRIVE  
PONTE VEDRA BEACH FL 32082

## 7. Name and Address of New Registered Agent

Name John G. Reed

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

1908 3rd Street South

City Jacksonville Beach FL Zip Code 32250

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

John G. Reed  
(NOTE: Registered Agent signature required when reinstating)

8-29-00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME DIXON, TERRY  
STREET ADDRESS 144 SEA ISLAND DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE D  
NAME REED, JOHN  
STREET ADDRESS ~~144 SEA ISLAND DRIVE~~ 67 T. Tilton Way N.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS 67 Tifton Way N.  
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

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)(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: John G. Reed John G. Reed 8-29-00 904 246-0550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)