

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104205

1. Entity Name
RECONNECTION PLUS II, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90011 003 ***150.00

Principal Place of Business
**606-B BEAL PARKWAY
FORT WALTON BEACH FL 32547**

Mailing Address
**8873 BLACKHEATH WAY
TALLAHASSEE FL 32312**

2. Principal Place of Business
**501 Hwy 98 East
Unit 6,
Destin Fl.**

3. Mailing Address
**David Arrington
P.O. Box 5701
Destin Fl.**

City & State
Destin Fl.

City & State
Destin Fl.

4. FEI Number **59-3620112**

Applied For
Not Applicable

Zip **32541** Country **OKALOOSA**

Zip **32540** Country **OKALOOSA**

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

6. Name and Address of Current Registered Agent

**PADGETT, TIMOTHY D ESQ
2810 REMINGTON GREEN CIR.
TALLAHASSEE FL 32308**

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, 2001 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** ☐ Delete
NAME **ARRINGTON, DAVID**
STREET ADDRESS **8873 BLACKHEATH WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **DTS** ☐ Delete
NAME **LEDFOUR, DAVID**
STREET ADDRESS **14 TODD POINT**
CITY-ST-ZIP **DESTIN-FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Arrington David**
STREET ADDRESS **501 Hwy 98 East**
CITY-ST-ZIP **Destin Fl. 32541**

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

TITLE ☐ Change ☐ Addition
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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: **Michael A Arrington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 850-269-4656
Date Daytime Phone #

CR2E034 (10/00)