

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90052 025 \*\*\*150.00

**DOCUMENT # S35980**

1. Entity Name

"YOUR" SATELLITE CONNECTION, INC.

Principal Place of Business

708 US HWY 27 S  
 LAKE PLACID FL 33852  
 US

Mailing Address

~~120 LK FRANCIS DR~~  
~~LAKE PLACID FL 33852~~  
~~US~~

Same

2. Principal Place of Business

3. Mailing Address

City & State

City & State

4. FEI Number

59-3053613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, ANNE S  
 YOUR SATELLITE CONNECTION INC.  
 120 LAKE FRANCIS DR  
 LAKE PLACID FL 33852

Name

timothy R HARRIS

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

708 US Hwy 27 S

City

LK. PLACID

FL

Zip 33852

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 timothy R. HARRIS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
 NAME HARRIS, TIMOTHY R  
 STREET ADDRESS 1725 LK JOSEPHINE DR  
 CITY-ST-ZIP SEBRING FL 33872

TITLE ST ☐ Delete  
 NAME HARRIS, TIMOTHY R  
 STREET ADDRESS 1725 LK JOSEPHINE DR  
 CITY-ST-ZIP SEBRING FL 33872

TITLE P ☒ Delete  
 NAME HARRIS, ANNE S  
 STREET ADDRESS 120 LK FRANCIS DR  
 CITY-ST-ZIP LAKE PLACID FL 33852

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 Pres-Secretary ☒ Change ☐ Addition  
 NAME timothy R Harris SR.  
 STREET ADDRESS 708 US Hwy 27 S  
 CITY-ST-ZIP LK. PLACID, FL 33852

TITLE VP + Treasurer ☒ Change ☐ Addition  
 NAME timothy R Harris JR.  
 STREET ADDRESS 708 US Hwy 27 S  
 CITY-ST-ZIP LK. PLACID, FL 33852

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

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

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

TITLE ☐ Change ☐ 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:

timothy R HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/01/01 863-465-6100

Daytime Phone #

CR2E034 (10/00)