

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90222 018 \*\*\*150.00

**DOCUMENT # P99000074665**

1. Entity Name  
**THE KADE KONNECTION, INC.**

Principal Place of Business 6835 INDIANA AVENUE NEW PORT RICHEY FL 34653	Mailing Address 6935 INDIANA AVENUE NEW PORT RICHEY FL 34653-3428
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 593604181	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SANCHEZ, MICHAEL KADE**  
**6935 INDIANA AVENUE**  
**NEW PORT RICHEY FL 34653**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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President  
**Michael K. SANCHEZ**  
**6935 Indiana Ave.**  
**New Port Richey, FL.**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 K. Sanchez Pres. Michael K Sanchez Pres. Date: 4.30.00 727 848 0969 Daytime Phone #

CR2E034 (9/99)