

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90101 024 \*\*\*158.75

**DOCUMENT # P00000028749**

1. Entity Name  
**GLOBALINK ENTERPRISE, INC.**

Principal Place of Business      Mailing Address  
**779 EAST MERRITT ISLAND CAUSEWAY #2464**      **779 EAST MERRITT ISLAND CAUSEWAY #2464**  
**MERRITT ISLAND FL 32952**      **MERRITT ISLAND FL 32952**

2. Principal Place of Business      3. Mailing Address  
**8655 SW 98th St Rd**      **8655 SW 98th St Rd**

Suite, Apt. #, etc. **#G**      Suite, Apt. #, etc. **#G**

City & State      City & State  
**Ocala, FL**      **Ocala, FL**

Zip      Country      Zip      Country  
**34481**      **MARION**      **34481**      **MARION**

4. FEI Number      Applied For  
**59-3635440**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PARENT, BRADFORD J**  
**23210 LAKE SENECA RD**  
**EUSTIS FL 32736-9306**

**7. Name and Address of New Registered Agent**

Name **Thomas L. Blount**  
 Street Address (P.O. Box Number is Not Acceptable) **8655 SW 98th St Rd #G**  
 City **Ocala**      FL      Zip Code **34481**

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 *Thomas L. Blount*      DATE **2-18-02**  
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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BLOUNT, NITA</b>
STREET ADDRESS	<b>779 EAST MERRITT ISLAND CAUSEWAY #2464</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BLOUNT, THOMAS</b>
STREET ADDRESS	<b>779 EAST MERRITT ISLAND CAUSEWAY #2464</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NITA Blount</b>
STREET ADDRESS	<b>8655 SW 98th St Rd #G</b>
CITY-ST-ZIP	<b>Ocala, FL 34481</b>
TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas Blount</b>
STREET ADDRESS	<b>8655 SW 98th St Rd #G</b>
CITY-ST-ZIP	<b>Ocala, FL 34481</b>
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	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Thomas Blount*      **Thomas Blount VP**      **2-18-02**      **321-917-1411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

012-1000

CR2E034 (9/01)