

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028791

1. Entity Name

MASTERLINK CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90028 016 ***150.00

Principal Place of Business 3649 ALL AMERICAN BLVD ORLANDO FL 32810	Mailing Address 3649 ALL AMERICAN BLVD ORLANDO FL 32810-4726
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0555111	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent WEST, BRADFORD D LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 N. EOLA DR ORLANDO FL 32801	7. Name and Address of New Registered Agent Name: KENT A. WEISNER Street Address (P.O. Box Number is Not Acceptable): 1140 S. ORLANDO AVENUE K-18 City: MAITLAND, FL Zip Code: 32751
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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: Kent A. Weisner, President Kent A. Weisner 3-8-00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VSD NAME: FENIMORE, GARRY L STREET ADDRESS: 716 - 44TH ST. W. CITY-ST-ZIP: BRADENTON FL 34209	<input type="checkbox"/> Delete	TITLE: VD NAME: FENIMORE, GARRY STREET ADDRESS: 716 - 44TH ST. W. CITY-ST-ZIP: BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CPD NAME: WEISNER, KENT A STREET ADDRESS: 3649 ALL AMERICAN BLVD CITY-ST-ZIP: ORLANDO FL 32810	<input type="checkbox"/> Delete	TITLE: CPD NAME: WEISNER, KENT A STREET ADDRESS: 1140 S. ORLANDO AVE K18 CITY-ST-ZIP: MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REICHARD, RALPH STREET ADDRESS: 1000 WINDERLEY PL- STE 147 CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE: D NAME: REICHARD, RALPH STREET ADDRESS: 1000 WINDERLEY PL - STE 147 CITY-ST-ZIP: MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CLAUSER, THOMAS P STREET ADDRESS: 201 E. KICKLIGHTER RD CITY-ST-ZIP: LAKE HELEN FL 32744	<input type="checkbox"/> Delete	TITLE: TS NAME: CLAUSER, THOMAS P STREET ADDRESS: 375 W. KICKLIGHTER RD CITY-ST-ZIP: LAKE HELEN, FL 32744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas P. Clauser Date: 4/25/00 Daytime Phone #: 407-294-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)