


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90094 016 ***150.00

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1. Entity Name
MASTERLINK CORPORATION



Principal Place of Business
**3649 ALL AMERICAN BLVD
ORLANDO FL 32810**

Mailing Address
**3649 ALL AMERICAN BLVD
ORLANDO FL 32810**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0555111**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISNER, KENT A
1140 S. ORLANDO AVENUE
K-18
MAITLAND FL 32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FENIMORE, GARRY L	
STREET ADDRESS	716 - 44TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEISNER, KENT A	
STREET ADDRESS	1140 S. ORLANDO AVE, K-18	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	CD	<input type="checkbox"/> Delete
NAME	REICHARD, RALPH	
STREET ADDRESS	3818 N. LAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CLAUSER, THOMAS P	
STREET ADDRESS	375 W. KICKLIGHTER RD	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, DENNIS K	
STREET ADDRESS	7421 SHREVE ROAD	
CITY-ST-ZIP	FALLS CHURCH VA 22043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas P. Clauser 1/31/02 407-299-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
THOMAS P. CLAUSER

CR2E034 (10/02)