

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000108987

1. Entity Name
ELINK BUSINESS INNOVATIONS, INC.

Principal Place of Business P.O. BOX 21401 CHATTANOOGA TN 37424	Mailing Address P.O. BOX 21401 CHATTANOOGA TN 37424
---	---

2. Principal Place of Business 9838 OLD BAYMEADOWS RD	3. Mailing Address 9838 OLD BAYMEADOWS RD
--	--

Suite, Apt. #, etc. SUITE 173	Suite, Apt. #, etc. SUITE 173
----------------------------------	----------------------------------

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
---------------------------------	---------------------------------

Zip 32256	Country US	Zip 32256	Country US
--------------	---------------	--------------	---------------

4. FEI Number 59-3617491	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATTHEWS GARETH
515 LANDINGS WAY #75

MERRITT ISLAND FL
32952 US

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 _____ DATE **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	D MATTHEWS GARETH AD 515 LANDINGS WAY #75 MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P MATTHEWS GARETH CC/P 7322 ROYAL HARBOUR CIRCLE OOLTEWAH TN 37363	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Gareth C Matthews **CEO** 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)