

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90114 024 ***150.00

DOCUMENT # F02000006378

1. Entity Name

LNK OF TEXAS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5500 WILLOW LANE

Suite, Apt. #, etc.

3. Mailing Address
5500 WILLOW LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COLLEYVILLE, TX

City & State
COLLEYVILLE, TX

4. FEI Number 32-0035542

Applied For

Not Applicable

Zip Country
76034 U.S.A.

Zip Country
76034 U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CAPITOL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

1333 NORTH DUVAL ST.

City TALLAHASSEE

FL

Zip Code
32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Koelling, Ken
6500 Willow Lane, Colleyville, TX 76034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice-President
Koelling, Linda
6500 Willow Lane, Colleyville, TX 76034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #