

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90022 026 ***150.00

DOCUMENT # F99000001584

1. Entity Name
PHONE-LINK, INC.

Principal Place of Business
230 YAGER AVENUE, SUITE 3
LAGRANGE KY 40031

Mailing Address
230 YAGER AVENUE, SUITE 3
LAGRANGE KY 40031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1562677

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIWECK, STANLEY P
% NORTH AMERICAN LENDING
2204 N. CITRUS BLVD. #10B
LEESBURG FL 34748

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LANDGRAF, DENNIS**
 STREET ADDRESS **230 YAGER AVENUE, SUITE 3**
 CITY-ST-ZIP **LAGRANGE KY 40031**

TITLE **DIRECTOR** ☐ Change ☐ Addition
 NAME **DENNIS LANDGRAF**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SANTA CRUZ, SANTIAGO**
 STREET ADDRESS **230 YAGER AVENUE, SUITE 3**
 CITY-ST-ZIP **LAGRANGE KY 40031**

TITLE **SECRETARY/TREASURER** ☐ Change ☐ Addition
 NAME **SANTIAGO SANTA CRUZ**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEE, ANNETTE**
 STREET ADDRESS **230 YAGER AVENUE, SUITE 3**
 CITY-ST-ZIP **LAGRANGE KY 40031**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
 NAME **ANNETTE LEE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** ☐ Delete
 NAME **HANSEN, MIKE**
 STREET ADDRESS **230 YAGER AVENUE, SUITE 3**
 CITY-ST-ZIP **LAGRANGE KY 40031**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MIKE HANSEN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **STAN SIWECK**
 STREET ADDRESS **230 YAGER AVE STE 3**
 CITY-ST-ZIP **LAGRANGE KY 40031**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Stan Siweck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/02 502-225-0155

CR2E034 (9/01)