FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am Secretary of State G90932 DOCUMENT # 1. Entity Name 07-23-2002 90332 023 ***150.00 GOLF LINKS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1700 EMBASSY DR. 1700 EMBASSY DR. SUITE 506 SUITE 506 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2355845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CLARKE, ROSALIND GOLF LINKS INTERNATIONAL, INC. 1700 EMBASSY DR., STE. 506 WEST PALM BEACH FL 33401 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. the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete CR2E034 (4/02) ☐ Addition RUTTER, HADYN M NAME NAME 1700 EMBASSY DR., STE. 506 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LONG. JAMES PETER NAME NAME 1700 EMBASSY DR., STE. 506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE-~ ☐ Change 🔀 Addition A. MASCARO NAME NAME Suite 415 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

7-18-02 561-694-0166

Date Destine Phone #

Accounting Offices of Betsy A. Mascaro, P.A.

840 U.S. Highway One, Suite 415 North Palm Beach, Florida 33408

BETSY A. MASCARO Enrolled Agent Accredited Tax Advisor (561)694-0166 (561)694-0229 Fax

July 18, 2002

Plorida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Golf Links International, Inc.

Gentlemen,

Enclosed please find the 2002 Uniform Business Report for Golf Links International, Inc. and my check in the amount of \$150.

We never did received the original report sent earlier in the year, however, the registered agent of record did forward to me the enclosed form this week. I contacted the Department of State when I received the attached, and they advised me to remit the \$150 fee and a letter explaining that we never received the original Uniform Business Report.

I have made the necessary changes to reflect the new registered agent on this report.

Thank you for your courtesy.

Sincerely,

Betsy A. Mas caro