## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## H86489 **DOCUMENT #**

1. Entity Name LINKS AIR, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90188 045 \*\*\*150.00

Principal Place of Business C/O THOMAS J FAZIO 17755 SE FED HWY JUPITER FL 33469		Mailing Address C/O THOMAS J FAZIO 17755 SE FED HWY						
JUPITER PL	33469	JUPITER FL 3346	9					
2. Principal Place of Business		3. Mailing Address			-  1   1   1   1   1   1   1   1   1   1			4   5  4     5
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2638986 Applied For Not Applied For			
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		3.75 Add	ditional
4	6. Name and Address of Curren	 t Registered Agent			7. Name and Address of New F			<del></del>
				Name				
17755 SE	Homas J. Fed Hwy		Street Address		(P.O. Box Number is Not Acceptable	e)		
JUPITER	FL 33469							
				City	,	FL	Zip Cod	e
8. The above	e named entity submits this statement f tions of registered agent.	or the purpose of chan	ging its registere	ed office or register	red agent, or both, in the State of Flo	1	iliar with,	and accept
3								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	d Agent signature required	d when reinstating)	DATE		
F	ILE NOW!!! FEE IS \$150.00							
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State			9. Election Campaign Fir Trust Fund Contributio	~ —		May Be I to Fees
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	S IN 11
TITLE NAME STREET ADDRESS	P FAZIO, THOMAS J. 17755 S.E. FEDERAL HWY.	☐ Delet	NAME STREE	ET ADDRESS	N.	<u> </u>	] Change	☐ Addition
CITY-ST-ZIP	JUPITER FL			ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		□ Delet	NAME STREE	l			] Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 🗔 Delet	NAME STREE	1	T • .		Change	Addition
TITLE Name Street address City-St-Zip		☐ Deleti	NAME STREE				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	1	711		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME	T ADDRESS			Change	Addition

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 J Fazio

561 746-4539

Daytime Phone #