

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90181 004 ***150.00

DOCUMENT # J89879

1. Entity Name
LINK'S PAVING, INC.

Principal Place of Business

**5105 ARENA RD
 CRESTVIEW FL 32536
 US**

Mailing Address

**213-C TRUMAN STREET
 P.O. BOX 818
 FORT WALTON BEACH FL 32549-0818**

2. Principal Place of Business

3. Mailing Address

Delete: 213-C Truman St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2846169**

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

**MCINNIS, C. JEFFREY
 909 MAR WALT DRIVE, SUITE 1014
 FORT WALTON BEACH FL 32547**

Name

Stacy Nicole Lingenfelter

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

748 St. John Cove

City

Niceville

FL

Zip Code

32578

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

Stacy Nicole Lingenfelter **Stacy Nicole Lingenfelter 04/30/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **LINGENFELTER, SHARON**
 STREET ADDRESS **748 ST. JOHN COVE**
 CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LINGENFELTER, CHARLES H.**
 STREET ADDRESS **748 ST. JOHN COVE**
 CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Lingenfelter **Sharon Lingenfelter (850) 863-2585**

Date

Daytime Phone #

CR2E034 (10/00)