

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90206 042 ***150.00

DOCUMENT # J89879

1. Entity Name

LINK'S PAVING, INC.

Principal Place of Business

**5105 ARENA RD
 CRESTVIEW FL 32536
 US**

Mailing Address

**P.O. BOX 818
 FORT WALTON BEACH FL 32549-0818**

2. Principal Place of Business

3. Mailing Address

P.O. Box 398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

Country

32536-0398 USA

4. FEI Number

59-2846169

Applied For

Not Applicable

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

**LINGENFELTER, STACY NICOLE
 748 ST. JOHN COVE
 NICEVILLE FL 32578**

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 NAME STREET ADDRESS CITY-ST-ZIP | DP LINGENFELTER, SHARON 748 ST. JOHN COVE NICEVILLE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINGENFELTER, CHARLES H. 748 ST. JOHN COVE NICEVILLE FL | <input type="checkbox"/> Delete |
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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

4/1/02 (850) 863-2585

Date

Daytime Phone #

CR2E034 (9/01)