

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90399 013 ****50.00

DOCUMENT # L00000002917

1. Entity Name
MARVEL LINK, LLC.

Principal Place of Business

**15227 THOROUGHbred LANE
 MONTVERDE FL 34756**

Mailing Address

**602 EAST CHURCH STREET
 ORLANDO FL 32801**

2. Principal Place of Business

734 JAMESTOWN DR

Suite, Apt. #, etc.

3. Mailing Address

734 JAMESTOWN DR

Suite, Apt. #, etc.

City & State

WINTER PK. FL

City & State

WINTER PK. FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

59-3633234

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PIERCE, DAVID R
 602 EAST CHURCH STREET
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

LESYA HOOVER

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

734 JAMESTOWN DR

City

WINTER PK

FL

Zip Code

32792

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	HOOVER, LESYA	
STREET ADDRESS	739 JAMESTOWN DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, OLENA	
STREET ADDRESS	15227 THOROUGHbred LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, DAVID R	
STREET ADDRESS	15227 THOROUGHbred LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOVER, ERIC	
STREET ADDRESS	739 JAMESTOWN DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	734	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	734	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/29/02

CR2E083 (9/01)