

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014211

1. Entity Name

NEX-LINK COMMUNICATION PROJECT SERVICES, LLC

FILED

01 MAR 23 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6248 NORTH WEST 43RD ST.
CORAL SPRINGS FL 33067

Mailing Address

6248 NORTH WEST 43RD ST.
CORAL SPRINGS FL 33067

2. Principal Place of Business

5066 N HIATUS ROAD
Suite, Apt. #, etc.

3. Mailing Address

5066 N HIATUS ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

4. FEI Number

65-105-5890

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE **PRESIDENT** ☐ Delete
NAME **STEVE NICKEL**
STREET ADDRESS **6248 NW 43ST**
CITY-ST-ZIP **CORAL SPRINGS, FL. 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003930564
-03/30/01--01032--030
*******50.00 *****50.00**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)