

FILED
May 15, 2003 8:00 am
Secretary of State

04-25-2003 90758 019 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000020412



1. Entity Name
ASIALINK, LLC

Principal Place of Business
**390 N. ORANGE AVENUE STE. 2180
ORLANDO FL 32801**

Mailing Address
**PO BOX 217
MT DORA FL 32756**

44001682



2. Principal Place of Business

11 SOUTH BUMBY AVE.

3. Mailing Address

P.O. BOX 2025

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

WINTER PARK, FL

Zip

32803

Country

USA

Zip

32790

Country

USA

4. FEI Number

51-0424120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REID, JOHN J ESO
390 N. ORANGE AVENUE STE. 2180
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **GENE A. HODGES**

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

11 SOUTH BUMBY AVENUE

City **ORLANDO**

FL

Zip Code

32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GENE A. HODGES, PRESIDENT

Gene A. Hodges

4-23-03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HODGES, GENE A
PO BOX 217
MT DORA FL 32756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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

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:

GENE A. HODGES

Gene A. Hodges

4-23-03

407-898-7777

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

Date

Daytime Phone #

CR2E083 (10/02)