2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 18 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000167 AF

DOCUMENT # L98000002359

1. Entity Name
METAL LINK INTERNATIONAL, L.C.

Principal Place of Business	Mailing Address
103 CENTURY 21 DR., SUITE 217 JACKSONVILLE FL 32216	103 CENTURY 21 DR., SUITE 217 JACKSONVILLE FL 32216-9295

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number 59-3536262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216	Name: Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road Building 100 City: Jacksonville FL Zip Code: 32256

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]
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	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCREE, THOMAS E 103 CENTURY 21 DR., SUITE 217 JACKSONVILLE FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003229973--4 -04/28/00--01123--015 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: Thomas E. McRee [signature] MGR 02/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #