2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State **DOCUMENT # N9700003505** 1. Entity Name LINKS WITH KIDS FOUNDATION, INC. 05-16-2002 90024 043 ****61.25 Mailing Address Principal Place of Business 3123 BARTON CREEK CIR 3123 BARTON CREEK CIR LECANTO FL 34461 LECANTO FL 34461 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0763876 Not Applicable \$8.75 Additional Country Zip Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable)-BRICK, JOHN E 3123 N BARTON CREEK CIR LECANTO FL 34461 Zip Code Citv 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** Make Check Payable to S 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change □ Delete TITLE TITLE BRICK, JOHN E. NAME NAME STREET ADDRESS 3123 BARTON CREEK CIR STREET ADDRESS CITY-ST-7IP LECANTO FL 34461 CITY-ST-ZIP ☐ Change ☐ Addition DS ☐ Delete TITLE TITLE WALSH, MIMI NAME NAME 21 SANDY HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHATHAM NJ 07928** CITY-ST-ZIP ☐ Addition HESS, FRED HARK HARKNESS, FRED Delete Change TITLE TITLE NAME -NAME 19662 REDMAPLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.