

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90178 027 ***150.00

DOCUMENT # P00000011437

1. Entity Name
THE TREE LINK, INCORPORATED

Principal Place of Business

**C/O MARK PERLMAN, P.A.
 4420 SW 30 STREET
 HOLLYWOOD FL 33023**

Mailing Address

**C/O MARK PERLMAN, P.A.
 P O BOX 835852
 HOLLYWOOD FL 33083**

2. Principal Place of Business
6340 FILLMORE STREET

3. Mailing Address
P.O. BOX 83-5852

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FL

4. FEI Number
65-0995519

Applied For
 Not Applicable

Zip
33024

Country
USA

Zip
33083

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERLMAN, MARK
 C/O MARK PERLMAN, P.A.
 1820 E HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name: **CHRISTOPHER LINK**
 Street Address (P.O. Box Number is Not Acceptable)
6340 FILLMORE STREET
 City **HOLLYWOOD** FL **33024**

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 *Christopher Link* **CHRISTOPHER LINK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PD LINK, CHRISTOPHER**
 STREET ADDRESS **4420 SW 30 STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6340 FILLMORE STREET**
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

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

TITLE ☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher Link* **CHRISTOPHER LINK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

854-981-8080
 Date Daytime Phone #

CR2E034 (9/01)