

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90101 024 ***158.75

DOCUMENT # P00000028749

1. Entity Name

GLOBALINK ENTERPRISE, INC.

Principal Place of Business

**779 EAST MERRITT ISLAND CAUSEWAY #2464
MERRITT ISLAND FL 32952**

Mailing Address

**779 EAST MERRITT ISLAND CAUSEWAY #2464
MERRITT ISLAND FL 32952**

2. Principal Place of Business

8655 SW 98th ST Rd

3. Mailing Address

8655 SW 98th ST. Rd

Suite, Apt. #, etc. **#G**

Suite, Apt. #, etc. **#G**

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34481

Country

FLORIDA

Zip

34481

Country

FLORIDA

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3635440

Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARENT, BRADFORD J
23210 LAKE SENECA RD
EUSTIS FL 32736-9306**

7. Name and Address of New Registered Agent

Name

Thomas L. Blount

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

8655 SW 98th ST Rd #G

City

Ocala

FL

Zip Code

34481

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

Thomas L. Blount

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

(NOTE: Registered Agent signature required when reinstating)

2-18-02

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 **D** ☐ Delete
NAME **BLOUNT, NITA**
STREET ADDRESS **779 EAST MERRITT ISLAND CAUSEWAY #2464**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ Delete
NAME **BLOUNT, THOMAS**
STREET ADDRESS **779 EAST MERRITT ISLAND CAUSEWAY #2464**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **NITA BLOUNT**
STREET ADDRESS **8655 SW 98th ST Rd #G**
CITY-ST-ZIP **Ocala, FL 34481**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Thomas Blount**
STREET ADDRESS **8655 SW 98th ST Rd #G**
CITY-ST-ZIP **Ocala, FL 34481**

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

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

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

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

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:

Thomas L. Blount **Thomas Blount VP 2-18-02 321-917-1411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)