

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90629 029 ***150.00

DOCUMENT # P 000000 36657 ✓

1. Entity Name

STYLE Link, Inc.

Principal Place of Business Mailing Address
1810 MAGDALENE MANOR DR
TAMPA, FL 33613

2. Principal Place of Business 3. Mailing Address
3939 Cheval Blvd 3939 Cheval Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lutz, FL Lutz, FL
 Zip Country Zip Country
33549 USA 33549 USA

4. FEI Number Applied For
59-3638550 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES W. GRANT
1810 MAGDALENE MANOR DR
TAMPA, FL 33613

7. Name and Address of New Registered Agent

Name JAMES W. GRANT
 Street Address (P.O. Box Number is Acceptable) 1810 MAGDALENE MANOR DR
 City TAMPA FL Zip Code 33613

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.

SIGNATURE JAMES W. GRANT James W. Grant 4/30/01
 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, 2001: Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: James W. Grant 4/30/01 813-909-1522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone

CR2E034 (11/00)