## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR P00000068462

1. Entity Name

**DOCUMENT #** 

ACCESS LINK INTERNATIONAL INC.



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90832 020 ***150 00

1100200		•								
Principal Place of Business 211 COCOA STREET, SE PALM BAY FL 32909-4314		Mailing Address 211 COCOA STREET. SE PALM BAY FL 32909-4314								
2. Principal Place of Business		3. Mailing Address			7	# 100   100   111 BOSH 481  481  401  108  16	8(II 191FE 11) <b>8</b>	I IBAN BIBIB	0311 <b>9</b> 1101 1891	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI	Number <b>59-3626545</b>			plied For ot Applicable	]
Zip	Country	Country Zip Co		try	5. Certificate of Status Desired S8.75 Add Fee Required			litional	1	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					1
The same of the sa			، بوسپچ	Name -						
	DIN, AILISH M Oa street, se		•	Street Address (	(P.O. Box	Number is Not Acceptable)		· <del>T</del>		
	Y FL 32909:4314							-		1
			City			FL	Zip Code	9		
	named entity submits this statement for ions of registered agent.	the purpose of changi	ng its registere	ed office or register	red agent	, or both, in the State of Florida	a. I am fam	iliar with,	and accept	
SIGNATURE .	· ·		AUGTE De l'et				DATE			
	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered	Agent signature required	d when reinst	ating)	DATE			ļ
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Fforida Department of	State				9. Election Campaign Finance Trust Fund Contribution.	cing	<b>\$5.0</b> Added	<b>0</b> May Be to Fees	
10	OFFICERS AND		11,		ADDI	TIONS/CHANGES TO OFFICE	BS AND DI	BECTOR!	3 IN 11	=
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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 of fustee empowered to execute this report as required by Chapter 607, 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.

SIGNATURE:

RED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #