2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000090710 1. Entity Name 05-18-2001 91550 015 ***150.00 LINKOUS RENTALS, INC. Principal Place of Business Mailing Address 9305 ROBERTS RD 9305 ROBERTS RD C0068336 ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3703091 Not Applicable Country S. Country Zip Zin \$8.75 Additional 5. Certificate of Status Desired U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent inkous DRUMMOND, TEMPLE H Street Address (P.O. Box Number is Not Acceptable) C/O KASS, SHULER, SOLOMON, SPECTOR 1505 N FLORIDA AVE 9.305 Roberts Rd. **TAMPA FL 33602** 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 CAROLUN A. LIAKOUS, Director FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE ☐ Delete LINKOUS, MAURY B NAME NAME 9305 ROBERTS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change ☐ Addition Delete TITLE TITLE LINKOUS, CAROLYN A NAME NAME 9305 ROBERTS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 TITLE Delete --TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/00)

FILED