

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am
Secretary of State**

01-16-2001 90076 022 ***150.00

DOCUMENT # P00000093842

1. Entity Name

EZ LINK, INC.

Principal Place of Business

Mailing Address

**1 INDEPENDENT DRIVE STE 2210
JACKSONVILLE FL 32202****PO BOX 52852
JACKSONVILLE FL 32201-2852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679580

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESTER, DON
1 INDEPENDENT DRIVE STE 2210
JACKSONVILLE FL 32202**Name **Surface, J. Frank**

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

ONE Independent Drive, Ste. 2210City **Jacksonville****FL**

Zip Code

32202

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HYMAN, MICHAEL	
STREET ADDRESS	7000 WEST ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	

TITLE	D	<input type="checkbox"/> Delete
NAME	SURFACE, J FRANK	
STREET ADDRESS	PO BOX 52852	
CITY-ST-ZIP	JACKSONVILLE FL 32201-2852	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:**MICHAEL D. Hyman, Director**

Date

Daytime Phone #

01/09/01 (561) 499-3335

CR2E034 (10/00)