

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91153 013 ***150.00

108838

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000114417

1. Entity Name
The Perfect Link, Inc.

Principal Place of Business Mailing Address
1 JOHN ANDERSON DRIVE #320
ORLANDO BEACH, FL 32176

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 59-3687208 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Lawson C. Mitchell
1 JOHN ANDERSON DRIVE #320
ORLANDO BEACH, FL 32176

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (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!
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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Lawson C. Mitchell</u>	
STREET ADDRESS	<u>1 JOHN ANDERSON DR. #320</u>	
CITY-ST-ZIP	<u>ORLANDO BEACH, FL 32176</u>	
TITLE	<u>V. President</u>	<input type="checkbox"/> Delete
NAME	<u>VIRGINIA G. RICHARDSON</u>	
STREET ADDRESS	<u>1 JOHN ANDERSON DR. #320</u>	
CITY-ST-ZIP	<u>ORLANDO BEACH, FL 32176</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information has changed, or if an attachment with an address, with all other like empowered.

SIGNATURE Lawson C. Mitchell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 904-673-1821
 Date Daytime Phone #

CR2E034 (11/00)