

05-21-2002 91148 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000114417** ✓
 1. Entity Name
The Perfect Link, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 JOHN ANDERSON DR
 Suite, Apt. #, etc.
320

3. Mailing Address
1 JOHN ANDERSON DR
 Suite, Apt. #, etc.
320

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL
 Zip
32176
 Country
FLORIDA

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 Zip
32176
 Country
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4. FEI Number
59-3687208
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Lawson Mitchell
 Street Address (P.O. Box Number is Not Acceptable)
1 JOHN ANDERSON DR # 320
 City
ORMOND BEACH FL Zip Code
32176

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 **Lawson Mitchell** **5/1/02**
Signature, typed or printed names of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
Pres
 NAME
LAWSON MITCHELL
 STREET ADDRESS
1 JOHN ANDERSON DR # 320
 CITY - ST - ZIP
ORMOND BEACH, FL 32176

TITLE
VP
 NAME
VIRGINIA RICHARDSON
 STREET ADDRESS
1 JOHN ANDERSON # 320
 CITY - ST - ZIP
ORMOND BEACH, FL 32176

TITLE
Secretary Treasurer
 NAME
DAVID H. BARTON
 STREET ADDRESS
143 WOOD 16th COURT
 CITY - ST - ZIP
DAYTONA BEACH, FL 32119

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE **[Signature]** **5/1/02** **386-252-8265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)