CR2E034 (9/01)

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 29, 2002 8:00 am & Secretary of State DOCUMENT # P01000070749 1. Entity Name 04-29-2002 90050 022 \*\*\*150 00 LINK MARINE PRODUCTS CORPORATION Principal Place of Business Mailing Address 11531 NW 20TH AVE 11531 NW 20TH AVE **CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name - - - = HICKS, DANIEL ESQ. Street Address (P.O. Box Number is Not Acceptable) 421 S PINE AVE **OCALA FL 34474** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change PSD ☐ Delete TITLE TITLE NAME NAME LINK, DREW 11531 NW 20TH AVE STREET ADDRESS STREET ADDRESS **CRYSTAL RIVER FL 34428** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NĀME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP party for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if oplied with this filing does not qual real report is true and accurate and t 13. I hereby certify that the information indicated on this report or supplemof the corporation or the receive changed, or on an attachment stee empowered to execute thi