

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90142 015 ***150.00

DOCUMENT # P01000080211

1. Entity Name
LINK DAMAGE APPRAISALS, INC.

Principal Place of Business

34 BLUE HERON LANE
EDGEWATER FL 32141

Mailing Address

34 BLUE HERON LANE
EDGEWATER FL 32141

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

59-3735216

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

LINK, ROBERT

34 BLUE HERON LANE
EDGEWATER FL 32141

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	LINK, ROBERT	34 BLUE HERON LANE	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
		EDGEWATER FL 32141					
VSTD	LINK, DEBORAH	34 BLUE HERON LANE	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
		EDGEWATER FL 32141					
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE:

Robert Link
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-02 386-428-2291

Date

Daytime Phone #

CR2E034 (4/02)

Attachment PO10000080211

971235

**LINK DAMAGE APPRAISALS, INC.
34 BLUE HERON LANE
EDGEWATER, FLORIDA 32141**

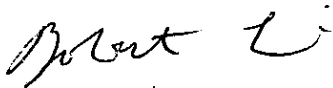
July 8, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Enclosed is my 2002 Uniform Business Report. Also enclosed is my check for \$150.00. I did not receive any prior notices to file this form, and I had no idea one was due. Would you please waive any late fees that might be applicable.

Thank you for your consideration.

Sincerely,



Robert Link