

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90412 010 ***150.00

DOCUMENT # P01000099766

1. Entity Name

NETLINK FINANCIAL, INC.

Principal Place of Business

**4605 WHISPERING WIND AVE.
TAMPA FL 33614**

Mailing Address

**4605 WHISPERING WIND AVE.
TAMPA FL 33614**

2. Principal Place of Business

3807 E. Sumac

3. Mailing Address

3807 E. Sumac

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spokane, WA

City & State

Spokane, WA

4. FEI Number

59-3756276

Applied For

Not Applicable

Zip

99223

Country

Zip

99223

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PLAUTZ, KIRK

4605 WHISPERING WIND AVE.

TAMPA FL 33614

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

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, 2002 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 **CEO / D** ☐ Delete
NAME **Craig Wilkins**
STREET ADDRESS **3807 E. Sumac**
CITY-ST-ZIP **Spokane, WA 99223**

TITLE **P/S / T/D** ☐ Delete
NAME **Dan Helie**
STREET ADDRESS **979 East 1340 North**
CITY-ST-ZIP **American Fork, UT 84003**

TITLE **V/D** ☐ Delete
NAME **Kirk Plautz**
STREET ADDRESS **4605 Whispering Wood Ave.**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE **V/D** ☐ Delete
NAME **Stan Cameron**
STREET ADDRESS **4025 Monterey Ct.**
CITY-ST-ZIP **Newbury Park, CA 91320**

TITLE **D** ☐ Delete
NAME **Christopher Wood**
STREET ADDRESS **804 6th Street**
CITY-ST-ZIP **Petaluma, CA 94952**

TITLE **D** ☐ Delete
NAME **Tom England**
STREET ADDRESS **201 N. Park**
CITY-ST-ZIP **Helena, MT 59601**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM-BUSINESS REPORT (UBR)

Attachment
BOX 68891

0429668 AV

DOCUMENT # **P01000099766**

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TAMPA FL 33614

Mailing Address
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TAMPA FL 33614

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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Suite, Apt. #, etc.
City & State
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4. FEI Number ☐ **Applied For**
☐ **Not Applicable**

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

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SIGNATURE Page 2 - Continued--
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Make Check Payable to Department of State

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1. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete David Richie 936 East 1300 North American Fork, UT 84003
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)