## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100099766  1. Entity Name  NETLINK FINANCIAL, INC.					Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90412 010 ***150.00				
Principal Plac	ce of Business	Mailing Address							
4605 WHISPERING WIND AVE. 46		4605 WHISPERING WIND AVE. TAMPA FL 33614							
					)   <b>(1)</b>    <b>(1)</b>    (1)   <b>(1)</b>    (1)   (1				
2. Principal Place of Business 3807 E. Sumac		3. Mailing Address 3807 E. Sumac							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE			
	kane, WA	City & State Spokane, W	A	4.	FEI Number 59-3756276	<del></del>	pplied For ot Applicable		
Zip 992:	Country 23	<sup>Zip</sup> 99223	Country	. · 5.	Certificate of Status Desired	\$8.75 Ad			
	6. Name and Address of Current R			7.	Name and Address of New Re	<u> </u>			
PLAUTZ.	KIDK	•	Name				j		
	ISPERING WIND AVE.		Street A	ddress (P.O. I	Box Number is Not Acceptable)				
TAMPA F									
•			City .			FL Zip Cod	le		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	gent, or both, in the State of Flori		····		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signat	ure required when r	einstating)	DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable		50.00	10. Election Campaign Finar Trust Fund Contribution.	· +	0 May Be d to Fees		
11.	OFFICERS AND D	·	12.	AC	DDITIONS/CHANGES TO OFFIC		S IN 11		
NAME	CEO / D Craig Wilkins	☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	3807 E. Sumac Spokane, WA 9922	3	STREET ADDRESS CITY-ST-ZIP				ļ		
TITLE NAME	P/S / T/D Dan Helie	☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS	979 East 1340 Nor		STREET ADDRESS						
·CITY-ST-ZIP	-American Fork, UT		CITY-ST-ZIP	5 S S S S S S S S S S S S S S S S S S S					
NAME	V/D   Kirk Plautz	☐ Delete	TITLE NAME			Change	☐ Addition		
STREET ADDRESS	4605 Whispering W	ood Ave.	STREET ADDRESS						
CITY-ST-ZIP TITLE	Tampa, FL 33614 V/D	□ out	CITY-ST-ZIP			П 0b			
NAME	Stan Cameron	☐ Delete	TITLE NAME			☐ Change	☐ Addition {		
STREET ADDRESS	4025 Monterey Ct.	24222	STREET ADDRESS						
TITLE	Newbury Park, CA	91320	CITY-ST-ZIP						
NAME	Christopher Wood	☐ Delete	TITLE NAME			☐ Change	Addition \		
STREET ADDRESS	804 6th Street	50	STREET ADDRESS				}		
CITY-ST-ZIP	Petaluma, CA 949		CITY-ST-ZIP						
TITLE NAME	Tom England	L □ Delete	TITLE NAME			Change	Addition		
STREET ADDRESS	201 N. Park		STREET ADDRESS						
CITY-ST-ZIP	Helena, MT 59601	W-344-	CITY-ST-ZIP						
Indicated	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower.	ue and accurate and that my	signature shall ha	ave the same I	legal effect as if made under oat	h <sup>,</sup> that I am an officer.	or director L		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-200Z

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UDOCUMENT # P01000099766 NETLINK FINANCIAL, INC.						BOXOSK91					AV 000674
Principal Place of Business Mailing Address 4605 WHISPERING WIND AVE. 4605 WHISPERING WIND AVE.											
TAMPA FL 336			TAMPA FL 33614								
. Principal Pla	ace of Business		3. Mailing Address	-		I HARE		HILLIAN THE TR	DELINITURE.	iii kamaan	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WR	TE IN THIS SI	PACE		
City & State	)		City & State			4. FEI Numbe	:F	<u></u>	<b>├</b> ──	plied For t Applicable	]
Zip	Country	y	Zip	Country	/	5. Certificate	of Status Desired		8.75 Add	litional	1
	6. Name and Add	ress of Current Re	egistered Agent			7. Name and	Address of New I	Registered A	gent		1
PLAUTZ, K	(IRK			<u> </u>	Name				<u> </u>	<u>.                                    </u>	4
-	SPERING WIND AVE	<b>.</b>			Street Address	(P.O. Box Numbe	er is Not Acceptab	ie) 			
TAMPA FL	. 33614										
					City			FL	Zip Cod	Э	
IONATORE S	Signature, typed or printed nan	Continue	≥d d title if applicable. (NO	TE: Registerea A	gent signature require	d when reinstating)		DATE	•		
This corpor Tax filing re (See criteri	Signature, typed or printed nan ration is eligible to sati equirement and elects ia on back)	isfy its Intangible to do so.	FILE NOW After May 172 Make Check Pays	(III FEE IS 002 Fee wi ble to Dep	S \$150.00	10. Ele	ction Campaign Fi	nancing on.	Addec	May Be to Fees	
This corpor Tax filing re (See criteri	Signature, typed or printed nan ration is eligible to sati equirement and elects ia on back)	isfy its Intangible to do so.	FILE NOW After May 172 Make Check Pays	/III FEE IS 002 Fee w	S \$150.00	10. Ele	, -	nancing on.   FICERS AND I	Addec	to Fees	01)
Tax filing re (See criteri 1. TLE AME	Signature, typed or printed nan ration is eligible to sati equirement and elects a on back)  D  David Ric 936 East	ne of registered agent and isfy its Intangible to do so.  OFFICERS AND DICENSE 1300 Nor	FILE NOW After May 1,2 Make Check Pays IRECTORS  Delete	OD2 Fee Wible to Dep  12.  TITLE  NAME  STREET	\$150.00 ill be \$550.00 artment of St	10. Ele	st Fund Contributi	nancing on.   FICERS AND I	Added	to Fees	F034 (9/01)
This corpor Tax filing re (See criteri 1. TLE	Signature, typed or printed nan ration is eligible to sati equirement and elects a on back)  D  David Ric	ne of registered agent and isfy its Intangible to do so.  OFFICERS AND DICENSE 1300 Nor	FILE NOW After May 1,2 Make Check Pays IRECTORS  Delete	OD2 FEE IS OD2 FEE W sble to Dep  12. TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS	10. Ele	st Fund Contributi	nancing on.   FICERS AND I	Added	to Fees	CR2E034 (9/01)
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This corpor Tax filing re (See criteri 1.  TLE  AME  IREET ADDRESS  TY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	Signature, typed or printed nan ration is eligible to sati equirement and elects a on back)  D  David Ric 936 East	ne of registered agent and isfy its Intangible to do so.  OFFICERS AND DICENSE 1300 Nor	FILE NOW After May 1,2 Make Check Pays IRECTORS  Delete  1 84003  Delete	III FEE IS O02 Fee W able to Dep 12. TITLE NAME STREET CITY-ST TITLE NAME STREET NAME STREET NAME STREET NAME NAME NAME NAME NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	10. Ele	st Fund Contributi	nancing on.   FICERS AND I	Addec DIRECTOR: Change Change Change	to Fees S IN 11 Addition Addition Addition	CR2F034 (9/01)

**IGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #