


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90124 039 ***150.00

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| DOCUMENT # P01000115134 |  |
| 1. Entity Name COMMLINK, CORP. | |

DO NOT WRITE IN THIS SPACE

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|---|-----------------------|--|---------|
| 2. Principal Place of Business 761 E PLANTATION CIRC. | | Mailing Address Same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PLANTATION, FL | | City & State | |
| Zip 3324-1414 | Country USA | Zip | Country |
| 4. FEI Number 65-1158718 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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|---------------------------------------|---|--------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Don Kindschi | |
| | Street Address (P.O. Box Number is Not Acceptable) 761 E PLANTATION CIRC. | |
| | City Plantation | FL Zip Code 33324 |

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 **Don Kindschi, President** DATE **2-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DON KINDSCHI 761 E PLANTATION CIRC. Plantation, FL 33324 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S. MARIA P. KINDSCHI 761 E PLANTATION CIRC. Plantation, FL 33324 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Don Kindschi** DATE **2-10-03** DAYTIME PHONE # **954-916-1687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)