

FILED
Jul 03, 2003 8:00 am
Secretary of State

05-02-2003 90233 013 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/2/03

DOCUMENT # P02000035085

1. Entity Name
LINKDAT INC.



Principal Place of Business
7207 FERNANDINA AVE
JACKSONVILLE FL 32208

Mailing Address
7207 FERNANDINA AVE
JACKSONVILLE FL 32208

55050455



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHARLES, SYLMA S
7207 FERNANDINA AVE
JACKSONVILLE FL 32208

Dir

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

Sylma Charles

Signature, typewritten or printed name of registered agent and filer if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President*
NAME *GIDEON CHARLES*
STREET ADDRESS *7207 Fernandina Ave*
CITY-ST-ZIP *Jax FL 32208*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sylma Charles 6/10/03 904 502-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2004 (10/02)