2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90979 036 ***150.00

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DOCUMENT # **P02000068105**

1. Entity Name
LIFE LINKS COMMUNITY SOURCES, INC.

Principal Place of Business	Mailing Address
18117-C SAILFISH DRIVE LUTZ, FL 33558	18117-C SAILFISH DRIVE LUTZ, FL 33558

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
17852-D Lake Carlton Drive		P.O. Box 272597	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lutz, Florida		City & State: Tampa, Florida	
Zip: 33558	Country: Hillsborough	Zip: 33688-2597	Country: Hillsborough

4. FEI Number: 73-1639986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2526

7. Name and Address of New Registered Agent

Name: Cynthia M. Crosby
Street Address (P.O. Box Number is Not Acceptable): 17852-D Lake Carlton Drive
City: Lutz **FL** Zip Code: 33558

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: Cynthia M. Crosby / Cynthia M. Crosby — April 23, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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

TITLE	D	☑ Delete
NAME	CROSBY, CYNTHIA M	
STREET ADDRESS	POST OFFICE BOX 271257	
CITY-ST-ZIP	TAMPA, FL 33688	
TITLE		☐ Delete
NAME	Crosby, Cynthia M	
STREET ADDRESS	Post office Box 272597	
CITY-ST-ZIP	Tampa, FL 33688-2597	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Cynthia M. Crosby / Cynthia M. Crosby — April 23, 2003 — (813) 265-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #