

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90161 038 ***550.00

DOCUMENT # P94000006637

1. Entity Name
RAPID LINK, INC.

Principal Place of Business
~~901 NW 8 AVE C5~~ **4651 NW 6 St Suite H**
GAINESVILLE FL 32609

Mailing Address
P.O. BOX 127
ALACHUA FL 32616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4651 NW 6 St

Suite, Apt. #, etc.
H

3. Mailing Address

Suite, Apt. #, etc.

City & State
Gainesville, FL

Zip
32609

Country
Alachua

City & State

Zip
Country

4. FEI Number **59-3245854**

Applied For
Not Applicable

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

KENNA, VICKY
16609 NW 171 PL.
ALACHUA FL 32615

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 _____
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KENNA, VICKY	
STREET ADDRESS	502 N.W. 75TH ST., STE. 299	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	P	<input type="checkbox"/> Delete
NAME	KENNA, VICKY	
STREET ADDRESS	901 NW 8 AVE C5	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	President	<input type="checkbox"/> Delete
NAME	Kenna, Vicky	
STREET ADDRESS	4651 NW 6 St. Suite H	
CITY-ST-ZIP	Gainesville, FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **7-30-02** **352-332-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)