

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90309 008 \*\*\*150.00

**DOCUMENT # P94000028791**

1. Entity Name

**MASTERLINK CORPORATION**

Principal Place of Business

**3649 ALL AMERICAN BLVD  
 ORLANDO FL 32810**

Mailing Address

**3649 ALL AMERICAN BLVD  
 ORLANDO FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0555111**

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

**WEISNER, KENT A  
 1140 S. ORLANDO AVENUE  
 K-18  
 MAITLAND FL 32751**

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.

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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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	VD	<input type="checkbox"/> Delete
NAME	FENIMORE, GARRY L	
STREET ADDRESS	716 - 44TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	WEISNER, KENT A	
STREET ADDRESS	1140 S. ORLANDO AVE, K-18	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHARD, RALPH	
STREET ADDRESS	1000 WINDERLEY PL- STE 147	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CLAUSER, THOMAS P	
STREET ADDRESS	375 W. KICKLIGHTER RD	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENIMORE, GARRY L	
STREET ADDRESS	716 44TH STREET W.	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISNER, KENT A	
STREET ADDRESS	1140 S. ORLANDO AVE, K-18	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHARD, RALPH	
STREET ADDRESS	3818 N. LAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS K. McBRIDE, PhD	
STREET ADDRESS	3280 PROGRESS DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32826	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS P. CLAUSER**

Date

Daytime Phone #

**2/21/01 407-299-3900**

CR2E034 (10/00)