

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90116 025 ***150.00

DOCUMENT # P94000030988

1. Entity Name

PENSION LINK, INC.

Principal Place of Business

**4710 N.W. BOCA RATON BLVD., STE. 104
BOCA RATON FL 33431**

Mailing Address

**4710 N.W. BOCA RATON BLVD., STE. 104
BOCA RATON FL 33431-4861**

2. Principal Place of Business

1177 Hypoluxo Road

Suite, Apt. #, etc.

FIRST Floor

City & State

LANTANA, FL

Zip

33462-4244

Country

USA

3. Mailing Address

1177 Hypoluxo Road

Suite, Apt. #, etc.

FIRST Floor

City & State

LANTANA, FL

Zip

33462-4244

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0756557**Applied For
Not Applied5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORE, DAVID W.D.
4710 N.W. BOCA RATON BLVD., STE. 104
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	CORE, DAVID W D	
STREET ADDRESS	6965 N GRANDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

David W. D. Core 1-25-00 (661) 547-4200

Date

Daytime Phone #