
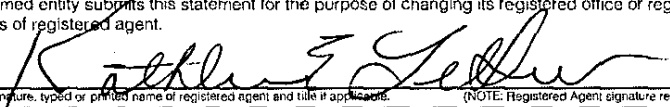
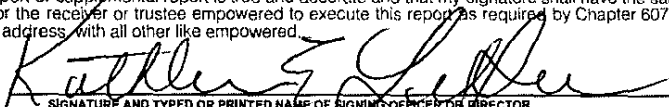


FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90180 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046421			
1. Entity Name THE PEOPLE LINK, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 433 Cleveland St		3. Mailing Address c/o Perfectly Balanced Books, Inc.	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. 611 Druid Rd, East - Ste 403	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33755	Country USA	Zip 33756	Country USA
4. FEI Number 65-0523154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Kathleen E Lettau			
Street Address (P.O. Box Number is Not Acceptable) 611 Druid Rd - Ste 403			
City Clearwater FL Zip Code 33756			
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  DATE 5-12-03			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE D NAME Pene, Paula Anne STREET ADDRESS 611 Druid Rd, East - Ste 403 CITY-ST-ZIP Clearwater FL 33756		TITLE T NAME Lettau, Kathleen STREET ADDRESS 502 Orangeview Ave CITY-ST-ZIP Clearwater FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address with all other like empowered.			
SIGNATURE:  DATE 5-12-03 DAYTIME PHONE 727-445-9707			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)