2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P9600034631

1. Entity Name

TRULINK CORPORATION

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

27010 67TH AVENUE EAST MYAKKA CITY FL 34251

Suite, Apt. #, etc.

SIGNATURE:

City & State

2. Principal Place of Business:

27010 67TH AVENUE EAST MYAKKA CITY FL 34251-5104

Zip		Country		Zip	Coun	Country		Certificate of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
THORESON, STEVEN						Street Address (P.O. Box Number is Not Acceptable)					
27010 67TH AVENUE EAST MYAKKA CITY FL 34251											
MIA	INNA CITT I	-L 34231									
						City			FL	Zip Code	
8. The above	named entity	submits this sta	atement for th	e purpose of changing it	ts register	ed office or reg	gistered ag	ent, or both, in the State of Flo	rida.		
SIGNATURE .	Signature, typed	or printed name of regi	stered agent and	title if applicable. (NC	DTE: Registere	ed Agent signature re	equired when re	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				T			10. Election Campaign Fin Trust Fund Contribution	~ ~		May Be to Fees	
11. OFFICERS AND DIRECTORS 12.							AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	27010 67	ON, STEVEN TH AVENUE E CITY FL 3425		☐ Delete					-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	□ Delete						Change	Addition
TITLE NAME				☐ Delete	TITL	E				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME EET ADDRESS /- ST-ZIP	-			Change	☐ Addition
13. I hereby of indicated of the corphanged.	certify that th f on this repo rporation or th , or on an atta	e information sup rt or supplement ne receiver or tru achment with an	oplied with the all report is trustee empower address, with	is filing does not qualify to ue and accurate and that and to execute this report all other like empowere	for the exe t my signa ort as requed.	emption stated sture shall have ired by Chapte	in Section the same or 607, Flori	119.07(3)(i), Florida Statutes. legal effect as if made under da Statutes; and that my nam	I further certing that I amediately and a second that I amediately a	y that the ir n an officer Block 11 or	nformation or director Block 12 if

FILED May 31, 2000 8:00 am Secretary of State

05-31-2000 90042 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For 65-0659422 Not Applicable