

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90888 045 \*\*\*158.75

DOCUMENT # P96000034631 ✓

1. Entity Name

TRULINK CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

27010 67TH AVE. EAST

Suite, Apt. #, etc.

3. Mailing Address

27010 67TH AVE. EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MYAKKA CITY, FL

City & State

MYAKKA CITY, FL

4. FEI Number

65-0659422

Applied For

Not Applicable

Zip

34251

Country

USA

Zip

34251

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

THORESON, STEVEN

Street Address (P.O. Box Number is Not Acceptable)

27010 67TH AVE. EAST

City

MYAKKA CITY

FL

Zip Code

34251

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PTSD  
NAME THORESON, STEVEN  
STREET ADDRESS 27010 67TH AVE. EAST  
CITY - ST - ZIP MYAKKA CITY, FL 34251

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Thoreson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. THORESON

4/29/02 (941)-322-2946

Date

Daytime Phone #

CR2E034B (12/01)