## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092743  1. Entity Name YOURLINK, INC.							Secretary of State 01-30-2002 90164 034 ***150.00					
Principal Plac 275 MAGNOL STE 4 MERRITT ISL US	IA AVE		Mailing Address  275 MAGNOLIA AVE  STE 4  MERRITT ISLAND FL-32952 ***********************************				<b>60013867</b>					
2. PrincipaliF	lace of Busin	ness	3. Mailing Address				118	<b>1</b> 11111 116 116 116 116 116 116 1		- 10 tija jihan 19 j	NA BROOM ARR	11001
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State				4. FEI Nun	nber <b>59-34264</b> 7	4	<b>⊢</b> +	Applied F	
Zip Country			Zip Country			·	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
<del></del>	6. Name	and Address of Current R	ealstered Agent	<u> </u>	r	I.	7. Name a	nd Address of New	Registered			<del></del> -∤
-		5 9 <del>-1</del>	<u> </u>		Name			ou di non				<del> </del>
	, RICHARD	A 11 An-		Street Address (P.O. Box Number is Not Acceptable)								
275 MAG SUITE 4	nolia ave	NUE										
	ISLAND FL	32952		City	FL Zip C					ode		
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office o	r registere	d agent, or I	both, in the State of F		<u>'</u>		
	7'											
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signat	ture required w	hen reinstating)		DATE			-
9. This corporate filing (See criter	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ke Check Payable to Department of Sta				Election Campaign F Trust Fund Contributi			.00 May ed to Fee			
11.	· <u>-</u>	OFFICERS AND D	<u> </u>	12.				IS/CHANGES TO OF	FICERS ANI	DIRECTO	DS IN 11	<del></del>
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indicated of the cor	on this repor poration or th	e information supplied with the tor supplemental report is the receiver or trustee empower than address with an address with the supplement with an address with the supplemental supplementa	rue and accurate and that r vered to execute this report	my signat as requi	ure shall h	ave the sa	ıme legal eff	fect as if made under	oath; that I	am an offici	er or direc	ctor
CHANGEU, SIGNAT		chment with an address, wi		RED				1/13/01	321	-452	(olo	<del>1</del> 9
	<u>-</u> -	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECT	OR			Date		Daytime Phone #	,	-