

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000063165**

1. Entity Name

WORLDLINK TECHNOLOGIES GROUP, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90189 024 ***150.00

0459302

Principal Place of Business

12794 W. CAMELLIA BAY DR.
JACKSONVILLE FL 32223

Mailing Address

2955 HARTLEY RD.
STE 204
JACKSONVILLE FL 32257**00041277**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5509 Woodcrest Dr.

Suite, Apt. #, etc.

3. Mailing Address

5509 Woodcrest Dr.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32583

Country

Zip

32583

Country

4. FEI Number

59-3458317

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, MARY ANN
2955 HARTLEY RD. STE. 204
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name **Mike Pfof**

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

5509 Woodcrest DrCity **Milton****FL**Zip Code **32583**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTDS** ☐ Delete
NAME **PFOST, MIKE**
STREET ADDRESS **12794 WEST CAMELLIA BAY DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTDS** ☒ Change ☐ Addition
NAME **Mike Pfof**
STREET ADDRESS **5509 Woodcrest Dr.**
CITY-ST-ZIP **Milton, FL 32583**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (10/00)