2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P97000094277** 1. Entity Name HYPERLINK, INC. 01-27-2000 90034 004 ***158.75 Principal Place of Business Mailing Address 1510 RIVER DR 1510 RIVER DR SUITE C301 SUITE C301 TAMPA FL 33603 TAMPA FL 33511-3849 2. Principal Place of Business 3. Mailing Address 1409 HARNESS HORSE LW. 409 HARNESS HORSE LA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 101 101 City & State Applied For City & State 4. FEI Number 59-3475861 TL RANDON BRANDON Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired U5A-Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE CORAL GABLES FL 33134 RANDON the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nar statement for 1-20-00 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Change TITLE ☐ Delete ZUBATUK, STEVEN G. ZUBATUK, TAMARA L NAME NAME 1409 HARNESS HORSE LN. # 101 STREET ADDRESS STREET ADDRESS 1510 RIVER DR C301 CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33614** BRANDAN, FL 33511 P/5/7/0 TITLE TITLE ☐ Delete ZUBATUK, TAMARA L NAME NAME ZUBATUK TAMARA L. STREET ADDRESS 1510 RIVER DR C301 STREET ADDRESS 1409 HARNESS HORSE LN. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** RRANdON FL 33511 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF