FILED

TEVEN ZUBATUK, VP 4-7-01 643-8172

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 14, 2001 8:00 am Secretary of State DOGUMENT # P97000094277 1. Entity Name HYPERLINK, INC. 04-14-2001 90007 005 \*\*\*150.00 Principal Place of Business Mailing Address 1409 HARNESS HORSE LN. 1409 HARNESS HORSE LN. 344000 SUITE 101 SUITE 101 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3475861 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZUBATUK, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1409 HARNESS HORSE LN. #101 BRANDON FL 33511 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change Delete TITLE TITLE NAME NAME ZUBATUK, TAMARA L STREET ADDRESS STREET ADDRESS 1510 RIVER DR C301 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Change TITLE **PSTD** ☐ Delete NAME ZUBATUK, TAMARA L NAME STREET ADDRESS STREET ADDRESS 1409 HARNESS HORSE LN. #101 CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TITLE Delete TITLE Change Addition NAME NAME ZUBATUK, STEVEN G STREET ADDRESS 1409 HARNESS HORSE LN. #101 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRANDON FL 33511 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this time 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 trueter employees 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 a state of the corporation with an appreciate of the corporation of the corpor