

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108882

1. Entity Name

Q-LINK TECHNOLOGIES, INC.

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90011 026 ***150.00

Principal Place of Business

Mailing Address

600 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

600 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

2. Principal Place of Business

5445 W. CYPRESS STREET

3. Mailing Address

5445 W. CYPRESS ST.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

USA

Zip

33607

Country

USA

6. Name and Address of Current Registered Agent

WILSON, LYNESE J
11605 3RD ST. E.
STE 308
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name STEVEN H. HORWITZ
Street Address (P.O. Box Number is Not Acceptable)
5445 W. CYPRESS
City TAMPA FL Zip Code 33607

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 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	WILSON, GREGORY A	<input type="checkbox"/> Delete
NAME		2901 EMPRESS COURT	
STREET ADDRESS		VALRICO FL 33594	
CITY-ST-ZIP			
TITLE	D	WILSON, LYNESE J	<input checked="" type="checkbox"/> Delete
NAME		11605 3RD ST E. #308	
STREET ADDRESS		TREASURE ISLAND FL 33706	
CITY-ST-ZIP			
TITLE	D	YATES, JEFFERY A	<input checked="" type="checkbox"/> Delete
NAME		1731 JOSHUA CT.	
STREET ADDRESS		PALM HARBOR FL 34683	
CITY-ST-ZIP			
TITLE	D	GASPARY, MAILE E	<input checked="" type="checkbox"/> Delete
NAME		3202 COLWELL AVE., APT. 2716	
STREET ADDRESS		TAMPA FL 33614	
CITY-ST-ZIP			
TITLE		STEVEN H. HORWITZ	<input type="checkbox"/> Delete
NAME		1212 DARLINGTON OAK CIRCLE	
STREET ADDRESS		ST. PETERSBURG, FL 33703	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

034538

CR2E034 (10/00)