

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90004 009 ***150.00

DOCUMENT # P98000037438

1. Entity Name

QUESTLINK COMMUNICATIONS, INC.

Principal Place of Business

**1811 KINGS WAY DRIVE
 CANTONMENT FL 32533**

Mailing Address

**P.O. BOX 1018
 CANTONMENT FL 32533**

2. Principal Place of Business

1427 STEFANI CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1018

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CANTONMENT, FL 32533

City & State

CANTONMENT, FL

4. FEI Number

59-3513408

Applied For

Not Applicable

Zip

32533

Country

Zip

32533

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THEODORE W. SOULE, P.A.
 316 SOUTH BAYLEN STREET
 SUITE 560
 PENSACOLA FL 32501**

Name

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

City

FL

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

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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SNEAD, LARRY	
STREET ADDRESS	P.O. BOX 1018	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNEAD, LEIGH	
STREET ADDRESS	P.O. BOX 1018	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		

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

4-30-01

Date

850-418-4128

Daytime Phone #

CR2E034 (10/00)