

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90114 025 \*\*\*158.75

DOCUMENT # P98000075631

1. Entity Name  
TITLELINK, INC.



Principal Place of Business  
5449 S SEMORAN BLVD  
SUITE 237  
ORLANDO FL 32822  
US

Mailing Address  
5449 S SEMORAN BLVD  
SUITE 237  
ORLANDO FL 32822  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3534112

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

AYLETT, BRUCE G  
5449 S SEMORAN BLVD  
SUITE 231  
ORLANDO FL 32822

## 7. Name and Address of New Registered Agent

Name: Becker, Angela  
Street Address (P.O. Box is Not Acceptable)  
5449 S. Semoran Blvd  
Suite 237  
City: Orlando FL Zip Code 32822

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Angela E. Becker

1/24/03

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AYLETT, BRUCE G 5449 S. SEMORAN BLVD STE#231 ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Victor Draper 5449 S. Semoran Blvd, #237 Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Eric Donowho 5449 S. Semoran Blvd, #237 Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary Angela Becker 5449 S. Semoran Blvd, #237 Orlando, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Aylett, Bruce G. 5449 S. Semoran Blvd, Ste #237 Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Aylett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

407-381-5200

Date

Daytime Phone #

CR2E034 (10/02)