

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

0116174 AV

**DOCUMENT # P98000099435**

1. Entity Name  
**CRYSTAL LINK, INC.**



07-25-2003 90206 002 \*\*\*400.00  
07-25-2003 90206 001 \*\*\*150.00

Principal Place of Business  
**1000 W. MAIN STREET  
LEESBURG FL 34749  
US**

Mailing Address  
**1000 W. MAIN STREET  
LEESBURG FL 34749  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3562825**

Applied For  
Not Applicable

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

**GRILLO, DAVE  
918 WEST MAIN STREET  
LEESBURG FL 34749**

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

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-21-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS  
GRILLO, DAVE  
918 WEST MAIN STREET  
LEESBURG FL 34749** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-03**

Date

Daytime Phone #

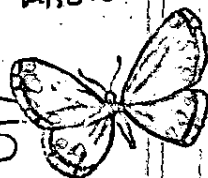
CR2E034 (4/03)

Attachment#  
(Mozz) Addie L. McMahon

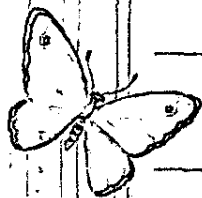
5505231P

Office:

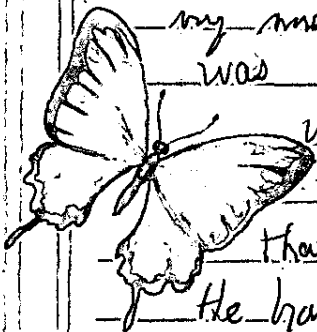
F98000099435



My son received this paperwork,  
then gave it to me with the \$150.00  
cash. So I could get a money  
order to mail it out. I got the  
money order (see date) but I put all  
the paperwork with the money  
order in his paperwork that  
we keep all separate. When he  
received this new letter saying  
that he didn't pay this, boy  
was he surprised. But I found  
all your paperwork & money  
order just where it was supposed  
to be.



I had a stroke in 1996 and  
my memory was the spot that  
was affected. Plus now I don't  
write like I used to.



I just wanted you to know  
that it wasn't my son's fault.  
He has cerebral palsy.

Thank you for your time in  
reading my letter.

Addie L. McMahon