

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 98000102317**

1. Entity Name

T3 LINK INC.

12/17/01 2/032 001
APPROVED AND FILED
02 JAN 31 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

204 N. ADAMS DR.

3. Mailing Address

204 N. ADAMS DR.

REINSTATEMENT

2001-2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

42-9581279

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MURPHREE, JAMES G

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

204 N. ADAMS DR.

City

SARASOTA

FL

Zip Code

34236

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

James Murphree

JAMES MURPHREE, PRESIDENT 1/24/02

(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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P JAMES MURPHREE 204 N. ADAMS DRIVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C TOM MURPHREE 204 N. ADAMS DRIVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700004916877-- -02/13/02--01098--001 ****458.75 ****458.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DOMINIC POWERS JR. 1940 QUAIL HOLLOW DRIVE CUMMING, GA 30041	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVID MURPHREE 11597 PURSE DRIVE MANASSAS, VA 20112	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BETTY MURPHREE 204 N. ADAMS DRIVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Murphree

JAMES MURPHREE

1/24/02

941 388-1291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BR2E034B (12/01)