FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 13 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # P98000102317

1. Entity Name
T3 LINK, INC.

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2. Principal Place of Business	3. Mailing Address
204 N. ADAMS DR.	15 PARADISE PLAZA
Suite, Apt. #, etc.	Suite, Apt. #, etc. #229
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34236 Country: USA	Zip: 34239 Country: USA

4. FEI Number: 65-0887787 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES G. MURPHREE

Street Address (P.O. Box Number is Not Acceptable): 204 N. ADAMS DRIVE

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, PRESIDENT, 8-6-02
(Signature and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required) 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	P
NAME	JAMES MURPHREE
STREET ADDRESS	204 N. ADAMS DRIVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	C
NAME	TOM MURPHREE
STREET ADDRESS	15 PARADISE PLAZA #229
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	ROBERT GRIMES
STREET ADDRESS	1940 QUAIL HOLLOW DR.
CITY-ST-ZIP	CUMMING, GA 30041
TITLE	
NAME	
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CR2E034B (12/01)

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 empowerments.

SIGNATURE: _____ JAMES MURPHREE 8-6-02 877 811 8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 8/14/02