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FILED
Apr 23, 2002 8:00 am
Secretary of State

02-20-2002 90125 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000000071**

Entity Name

TAR LINK COMMUNICATIONS ENTERPRISES, INC.

Principal Place of Business

2215 MAYORS DR
JACKSONVILLE FL 32223

Mailing Address

12215 MAYORS DR
JACKSONVILLE FL 32223
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3549826**

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

BARNES, RONALD

12215 MAYORS DRIVE
JACKSONVILLE FL 32223

STEPHEN TILLEY

Street Address (P.O. Box Number Not Acceptable)
4206 DAY MEADOWS RD

City **JACKSONVILLE** FL Zip Code **32217**

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] **3/8/02**

Signature of person authorized to change registered office or registered agent and file this application

(NOTE: Registered Agent signature required when reappointing)

DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME BARNES, RONALD W STREET ADDRESS 12215 MAYORS DR CITY-STATE-ZIP JACKSONVILLE FL 32223 ☐ Delete	TITLE PRESIDENT NAME BARNES, RONALD W STREET ADDRESS 12215 MAYORS DR CITY-STATE-ZIP JACKSONVILLE, FLORIDA 32223 ☒ Change ☐ Addition
FILE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE VICE PRESIDENT NAME JAMES F. SCHIESLER STREET ADDRESS 12717 MUSCOVY DRIVE CITY-STATE-ZIP JACKSONVILLE, FL 32223 ☐ Change ☒ Addition
FILE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE S NAME MARGARET C. SCHIESLER STREET ADDRESS 12717 MUSCOVY DRIVE CITY-STATE-ZIP JACKSONVILLE, FL 32223 ☐ Change ☒ Addition
FILE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
FILE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
FILE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

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 information.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 904-910-9078

Date

Daytime Phone #

CFR2034 (9/01)