

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90257 042 \*\*\*150.00

DOCUMENT # P99000000382

1. Entity Name

LINKEN, INC.

Principal Place of Business

2617 N.E. 12TH TERRACE  
POMPANO BEACH FL 33064

Mailing Address

2617 N.E. 12TH TERRACE  
POMPANO BEACH FL 33064

2. Principal Place of Business

833 CROTON DR.

3. Mailing Address

833 CROTON DR.

City & State

ROYAL Palm Beach FL

City & State

ROYAL Palm Beach FL

4. FEI Number

65-0886327

Applied For

Not Applicable

Zip

Country

33411 U.S.A.

Zip

Country

33411 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, KENNETH L  
2617 NE 12 TERRACE  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name SULLIVAN, KENNETH L.

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

833 CROTON DR.

City

ROYAL Palm Beach

FL

Zip

33411

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

Kenneth L. Sullivan

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

(NOTE: Registered Agent signature required when reinstating)

4-11-01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME SULLIVAN, KENNETH L  
STREET ADDRESS 2617 NE 12 TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SULLIVAN KENNETH L.  
STREET ADDRESS 833 CROTON DR.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

Kenneth L. Sullivan

KENNETH L. SULLIVAN

4-11-01

954-868-7633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)