

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90046 012 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000041588			
1. Entity Name CONTRACT LINK, INCORPORATED			
Principal Place of Business 606 MAGNOLIA LANE LAKE MARY FL 32746-3694		Mailing Address 606 MAGNOLIA LANE LAKE MARY FL 32746-3694	
2. Principal Place of Business		3. Mailing Address Post Office Box 952199	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE MARY, FL	
Zip	Country	Zip 32746-3694	Country USA
4. FEI Number 59-3576590		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, JAMES S 606 MAGNOLIA LANE LAKE MARY FL 32746-3694		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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HALL, JAMES S STREET ADDRESS 606 MAGNOLIA LANE CITY-ST-ZIP LAKE MARY FL 32746-3694	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HALL, PAMELA M STREET ADDRESS 606 MAGNOLIA LANE CITY-ST-ZIP LAKE MARY FL 32746-3694	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 01/05/2001 Daytime Phone # (407) 328-4332	

CR2E034 (10/00)