

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90386 047 ***150.00

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DOCUMENT # P99000065323

1. Entity Name
HITECH LINK, INC.



Principal Place of Business
**7018 NW 50TH AVE
GAINESVILLE FL 32653
US**

Mailing Address
**7018 NW 50TH AVE
GAINESVILLE FL 32653
US**



2. Principal Place of Business

7018 NW 50th Terrace

Suite, Apt. #, etc.

3. Mailing Address

7018 NW 50th Terrace

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3588578

Applied For

☐ Not Applicable

Zip

32653

Country

Zip

32653

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHOI, WON
7018 NW 50TH AVE
GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent

Name

CHOI, WON

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

7018 NW 50th Terrace

City

Gainesville

FL

Zip Code

32653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

WON Y. CHOI 04/01/03

04/01/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **CHOI, WON**
STREET ADDRESS **4131 NORTHWEST 13TH STREET SUITE 223**
CITY-ST-ZIP **GAINESVILLE FL 32609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **CHOI, WON**
STREET ADDRESS **7018 NW 50th Terrace**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WON CHOI
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

Daytime Phone #

278-0099

CR2E034 (10/02)