


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90470 001 \*\*\*450.00

<b>DOCUMENT # P99000072271</b>	
1. Entity Name <b>SCOOTER LINK, INC.</b>	

Principal Place of Business <b>11612 N. NEBRASKA AVE. SUITE C TAMPA, FL 33612</b>	Mailing Address <b>11612 N. NEBRASKA AVE. SUITE C TAMPA, FL 33612</b>
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2. Principal Place of Business <b>8602 Temple Terrace Hwy PO Box 291607 C-15 Tampa FL 33637 USA</b>	3. Mailing Address <b>PO Box 291607 Tampa FL 33637-1607 USA</b>
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05032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3356521</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LOPINTO, JOSEPH 11612 N. NEBRASKA AVE. SUITE C TAMPA, FL 33612</b>	7. Name and Address of New Registered Agent Name <b>Lopinto, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>8602 Temple Terrace Hwy C-15</b> City <b>Tampa</b> FL Zip Code <b>33637</b>
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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:  DATE: **04/30/04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LOPINTO, JOSEPH 11612 N. NEBRASKA AVE. SUITE C TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Lopinto, Joseph 8602 Temple Terrace Hwy C-15 Tampa FL 33637 <input checked="" 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
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
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

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:  DATE: **04/30/04** DAYTIME PHONE #: **813 989-0950**