2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90092 029 ***150.00

DOCUMENT # **P99000084190**

1. Entity Name
THE LEADERSHIP LINK, INC.

Principal Place of Business	Mailing Address
2695 MERRILL BLVD. JACKSONVILLE BEACH FL 32250	2695 MERRILL BLVD. JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3573 SANCTUARY BLVD	3573 SANCTUARY BLVD
Suite, Apt. #, etc. Jacksonville Beach Fl	Suite, Apt. #, etc.
City & State 32250	City & State Jacksonville Beach
Zip / Country	Zip FL 32250 / Country

4. FEI Number 59-3603041 ☐ 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
SHERIDAN, EVE 2695 MERRILL BLVD. JACKSONVILLE BEACH FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) 3573 SANCTUARY BLVD City Jacksonville Beach FL Zip Code 32250

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 Eve A Sheridan

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERIDAN, EVE 2695 MERRILL BLVD. JACKSONVILLE BEACH FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Eve Sheridan 3573 Sanctuary Blvd Jacksonville Beach Fl 32250 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 like empowered.

SIGNATURE: Eve A Sheridan 4/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)