## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000111946 1. Entity Name NETLINK TECHNOLOGIES INTEGRATED, INC. 4-24-2001 90011 037 \*\*\*150.00 Mailing Address Principal Place of Business 4400 140TH AVENUE NORTH 4400 140TH AVENUE NORTH SUITE 250 SUITE 250 643463 CLEARWATER FL 34622 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-358 1509 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POAD, MARTIN L Street Address (P.O. Box Number is Not Acceptable) 4400 140TH AVENUE NORTH SUITE 250 **CLEARWATER FL 34622** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DCT ☐ Delete TITLE NAME POAD, MARTIN L NAME STREET ADDRESS STREET ADDRESS 4400 140TH AVE N STE 250 CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33762 ☐ Addition ☐ Change ☐ Delete TITLE NAME POAD, DIANE R NAME STREET ADDRESS 4400 140TH AVE N STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Detete ----TITLE - Change - - - Addition ≥ TITLE NAME STRAUB, THOMAS W NAME STREET ADDRESS 4400 140TH AVE N STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762 ☐ Change Addition DCV ☐ Delete TITLE TITLE NAME SCOTT, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 4400 140TH AVE N STE 250 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762 Change ☐ Addition D۷ Delete TITLE TITLE NAME NAME HIGGINS, ALAN E STREET ADDRESS STREET ADDRESS 4400 140TH AVE N STE 250 CITY-ST-ZIP CITY-ST-ZIE CLEARWATER FL 33762 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

LIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO