## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # V42382** 1. Entity Name MARKET LINK SERVICES, INC. 01-21-2000 90096 005 \*\*\*150.00 Principal Place of Business Mailing Address 1205 SARAH STREET 1205 SARAH STREET **STE 111** STE 111 LONGWOOD FL 32752 LONGWOOD FL 32752 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3130974 Not Applicable Zip Country --- 9 ---Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPADITCH, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 1889 BERKELEY CT. **MAITLAND FL 32707** Zip Code City FI 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria ori back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ···OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Change ☐ Addition NAME POPADITCH, GWENDOLYN M. STREET ADDRESS STREET ADDRESS 1527 CHERRY LAKE WAY CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** Change ☐ Addition TITLE ☐ Dalete TITLE PODADITCH, SCOTT R NAME NAME 1527 CHERRY LAKE WAY STREET ADDRESS STREET ADDRESS 1529 CHARRY LAKE WAY CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746 Addition** TITLE Dalete TITLE Change STEPHEN -C. NAVE-NAME HALL: DEAN: M- ~ NAME 154 High Cliff Road STREET ADDRESS STREET ADDRESS 1878 BRISTOL COURT CITY-ST-ZIP CITY-ST-ZIP JASPER GA 70143 MAITLAND FL 32751 Change Addition TITLE ☐ Delete TITLE NAME PASCARELLA, JOHN A MAME STREET ADDRESS STREET ADDRESS 612 ANHINGA ROAD CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE POPADITCH, SUZANNE D NAME 1889 BERKELEY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32707 ☐ Change □ Addition ☐ Delete TIT! F POPADITCH, ROBERT A NAME STREET ADDRESS STREET ADDRESS 1889 BERKELEY COURT CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32707

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: ROBERT A. POPADITCHIE COL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D