

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # V42382**1. Entity Name
MARKET LINK SERVICES, INC.

Principal Place of Business	Mailing Address
1205 SARAH STREET	1205 SARAH STREET
STE 111	STE 111
LONGWOOD FL	LONGWOOD FL
32752 US	32752 US

2. Principal Place of Business	3. Mailing Address
1205 SARAH STREET	1205 SARAH STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 111	STE 111

City & State	City & State
LONGWOOD FL	LONGWOOD FL

Zip	Country	Zip	Country
32750	US	32750	US

4. FEI Number	Applied For
59-3130974	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**POPADITCH, ROBERT A.**
1889 BERKELEY CT.**MAITLAND FL**
32707 US**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 **R. A. POPADITCH**

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

(NOTE: Registered Agent signature required when reinstating)

01/12/2001

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**

TITLE	D/P	<input type="checkbox"/> Delete
NAME	POPADITCH ROBERT A	
STREET ADDRESS	1889 BERKELEY COURT	
CITY-ST-ZIP	MAITLAND FL 32707	

TITLE	D	<input type="checkbox"/> Delete
NAME	POPADITCH SUZANNE D	
STREET ADDRESS	1889 BERKELEY COURT	
CITY-ST-ZIP	MAITLAND FL 32707	

TITLE	V	<input type="checkbox"/> Delete
NAME	PASCARELLA JOHN A	
STREET ADDRESS	612 ANHINGA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	V	<input type="checkbox"/> Delete
NAME	NAVE STEPHEN C	
STREET ADDRESS	154 HIGH CLIFF RD	
CITY-ST-ZIP	JASPER GA 30143	

TITLE	V/D	<input type="checkbox"/> Delete
NAME	PODADITCH SCOTT R	
STREET ADDRESS	1527 CHERRY LAKE WAY	
CITY-ST-ZIP	HEATHROW FL 32746	

TITLE	D	<input type="checkbox"/> Delete
NAME	POPADITCH, GWENDOLYN M.	
STREET ADDRESS	1527 CHERRY LAKE WAY	
CITY-ST-ZIP	HEATHROW FL 32746	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: R.A. Popaditch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D/P

01/12/2001

Date

Daytime Phone #

CR2E034 (11/00)