

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90023 009 ***158.95

00750292 AV

DOCUMENT # V42382

1. Entity Name
MARKET LINK SERVICES, INC.

Principal Place of Business 1205 SARAH STREET STE 111 LONGWOOD FL 32750 US	Mailing Address 1205 SARAH STREET STE 111 LONGWOOD FL 32750 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3130974		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
POPADITCH, ROBERT A. 1889 BERKELEY CT. MAITLAND FL 32707				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	POPADITCH, GWENDOLYN M.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1527 CHERRY LAKE WAY	NAME		
STREET ADDRESS		HEATHROW FL 32746	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V/D <input type="checkbox"/> Delete	POPADITCH, SCOTT R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1527 CHERRY LAKE WAY	NAME		
STREET ADDRESS		HEATHROW FL 32746	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	NAVE, STEPHEN C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		154 HIGH CLIFF RD	NAME		
STREET ADDRESS		JASPER GA 30143	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	PASCARELLA, JOHN A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		612 ANHINGA ROAD	NAME		
STREET ADDRESS		WINTER SPRINGS FL 32708	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	POPADITCH, SUZANNE D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1889 BERKELEY COURT	NAME		
STREET ADDRESS		MAITLAND FL 32707	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D/P <input type="checkbox"/> Delete	POPADITCH, ROBERT A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1889 BERKELEY COURT	NAME		
STREET ADDRESS		MAITLAND FL 32707	STREET ADDRESS		
CITY-ST-ZIP			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: *Robert A. Popaditch* **WIRED** **JAN. 10, 2002** **(407) 834 7378 x 202**

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

CR2E034 (9/01)