

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90116 030 \*\*\*558.75

0010225 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3130974**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **POPADITCH, GWENDOLYN M.**  
STREET ADDRESS **1527 CHERRY LAKE WAY**  
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **OK** ☒ Change ☐ Addition  
NAME **OK**  
STREET ADDRESS **1601 ROCKDALE LOOP**  
CITY-ST-ZIP **OK**

TITLE **V/D** ☐ Delete  
NAME **PODADITCH, SCOTT R**  
STREET ADDRESS **1527 CHERRY LAKE WAY**  
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **OK** ☒ Change ☐ Addition  
NAME **OK**  
STREET ADDRESS **1601 ROCKDALE LOOP**  
CITY-ST-ZIP **OK**

TITLE **V** ☐ Delete  
NAME **NAVE, STEPHEN C**  
STREET ADDRESS **154 HIGH CLIFF RD**  
CITY-ST-ZIP **JASPER GA 30143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **PASCARELLA, JOHN A**  
STREET ADDRESS **612 ANHINGA ROAD**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **329 LAKE DAWSON PLACE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete  
NAME **POPADITCH, SUZANNE D**  
STREET ADDRESS **1889 BERKELEY COURT**  
CITY-ST-ZIP **MAITLAND FL 32707**

TITLE **OK** ☒ Change ☐ Addition  
NAME **OK**  
STREET ADDRESS **OK**  
CITY-ST-ZIP **32751**

TITLE **D/P** ☐ Delete  
NAME **POPADITCH, ROBERT A**  
STREET ADDRESS **1889 BERKELEY COURT**  
CITY-ST-ZIP **MAITLAND FL 32707**

TITLE **OK** ☒ Change ☐ Addition  
NAME **OK**  
STREET ADDRESS **OK**  
CITY-ST-ZIP **32751**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Popaditch** **ROBERT POPADITCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/03 407 834 7378 X202**

Date

Daytime Phone #

CR2E034 (4/03)