2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90104 007 ***150.00

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DOCUMENT # V70091

1. Entity Name
LANDLINK CORP.

Principal Place of Business	Mailing Address
1958 MASSACHUSETTES AVE N.E.	5259 LAKESPRINGS DR
ST. PETERBURG FL 33703	ATLANTA GA 30338
US	

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
333 Falkenburg Rd North		P.O. Box 888001	
Suite, Apt. #, etc.: Suite A-111		Suite, Apt. #, etc.: Atlanta, GA	
City & State: Tampa, FL		City & State:	
Zip: 33619	Country: US	Zip: 30356	Country: US

4. FEI Number 59-3150185 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANK, STACY C	Name
601 N ASHLEY DR	Street Address (P.O. Box Number is Not Acceptable)
STE 600	
TAMPA FL 33602	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 [redacted]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	TITLE		☐ Change ☐ Addition
NAME	ROZEMAN, PAUL		NAME		
STREET ADDRESS	5259 LAKESPRINGS DR		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30338		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Paul Rozeman SIGNATURE REQUIRED — 1/13/2003 — 404 271-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #