

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90152 034 ***150.00

DOCUMENT # P97000018472

1. Entity Name
INTERLINK SOLUTIONS, INC.

Principal Place of Business Mailing Address

15850 CHARTER OAKS TR POST OFFICE BOX 121441
 CLERMONT FL 34711 CLERMONT FL 34712-1441

2. Principal Place of Business 3. Mailing Address

688 W. MONTROSE ST. **P.O. Box 121441**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CLERMONT, FL **CLERMONT, FL**

Zip Country Zip Country

32711 **USA** **34711** **USA**

4. FEI Number Applied For

59-3433711 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

RAPPA, PATRICIA A
444 C VILLAGE VILLAS RD
MINNEOLA FL 34755

7. Name and Address of New Registered Agent

Name **PATRICIA A. RAPPA**

Street Address (P.O. Box Number is Not Acceptable) **688 W. MONTROSE ST.**

City **CLERMONT** State **FL** Zip Code **34711**

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]* **PRESIDENT** DATE **4/20/00**

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	RAPPA, LOUIS A	15850 CHARTER OAKS TR CLERMONT FL 34711	<input type="checkbox"/>
	D	RAPPA, PATRICIA A	15850 CHARTER OAKS TR CLERMONT FL 34711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		RAPPA, Louis A.	688 W. Montrose CLERMONT, FL 34711	<input type="checkbox"/>	<input type="checkbox"/>
		RAPPA, Patricia A.	688 W. Montrose St. CLERMONT FL 34711	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* DATE **4/20/00** DAYTIME PHONE # **352 242-3902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR