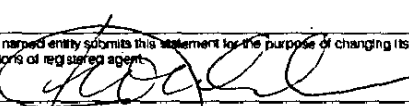
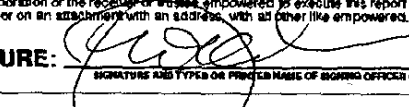


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90326 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000073647		
1. Entity Name INTER*LINK TECHNOLOGY SOLUTIONS, INC.		
Principal Place of Business 4606 S. CLYDE MORRIS BLVD SUITE 20 DAYTONA BEACH, FL 32118 US		Mailing Address P.O. BOX 291241 DAYTONA BEACH, FL 32129-1241
2. Principal Place of Business	3. Mailing Address	
State, Apt. #, etc.	State, Apt. #, etc.	
City & State Port Orange, FL	City & State	4. FEI Number 59-3485718
Zip 32129	Country US	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOULD, JOHN S 4606 S. CLYDE MORRIS BLVD. SUITE 20 DAYTONA, FL 32129		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City Port Orange, FL		Zip Code 32129
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 		DATE 4-25-03
Signature Valid or Printed Name of Registered Agent and Fee if Applicable. (NOTE: Registered Agent's signature is required for all filings.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOULD, JOHN S 4606 S. CLYDE MORRIS BLVD. - STE.#20 DAYTONA, FL 32129 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GOULD, JOHN S 4606 S. CLYDE MORRIS BLVD. - STE.#20 DAYTONA, FL 32129 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 registered 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: 		DATE 4-25-03 386-322-5440
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

11030211



☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)