

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90063 039 ***150.00

11-00001 AV

DOCUMENT # F01000001240

1. Entity Name

INTERLINK SERVICES INC.

Principal Place of Business

**3050 HOLIDAY AVE.
 APOPKA FL 32703**

Mailing Address

**3050 HOLIDAY AVE.
 APOPKA FL 32703**

2. Principal Place of Business

1011 SWEETWATER CLUB BLVD
 Suite, Apt. #, etc.

3. Mailing Address

1011 SWEETWATER CLUB BLVD
 Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number

22-3413597

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MARTOCCIA, ANTHONY
 3050 HOLIDAY AVE.
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

MARTOCCIA, ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

1011 SWEETWATER CLUB BLVD

City

LONGWOOD

FL

Zip Code

32779

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

(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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **MARTOCCIA, ANTHONY**
 STREET ADDRESS **3050 HOLIDAY AVE.**
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **MARTOCCIA ANTHONY**
 STREET ADDRESS **1011 SWEETWATER CLUB BLVD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

ANTHONY MARTOCCIA

407-774-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)