

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90848 023 ***150.00

DOCUMENT # F97000002380

1. Entity Name

NETLINK ASSOCIATES CORPORATION

Principal Place of Business

Mailing Address

3318 SAN PEDRO
CLEARWATER FL 33759
US

P. O. BOX 6413
CLEARWATER FL 33758-6413
US

2. Principal Place of Business

105-F DUNBAR AVE.

3. Mailing Address

105-F DUNBAR AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OLDSMAR

OLDSMAR

City & State

City & State

OLDSMAR

OLDSMAR

Zip

Country

Zip

Country

FL

USA

FL

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, JAMES D
3318 SAN PEDRO ST
CLEARWATER FL 33159-3635

Name
RUSSELL, JAMES D.
Street Address (P.O. Box Number is Not Acceptable)
105-F DUNBAR AVE.

City
OLDSMAR FL Zip Code
34677

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/24/00*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RUSSELL, JAMES D**
CITY-ST-ZIP **3318 SAN PEDRO ST**
CLEARWATER FL 33759-3635

TITLE ☒ Change ☐ Addition
NAME *RUSSELL, JAMES D.*
STREET ADDRESS *105-F DUNBAR AVE*
CITY-ST-ZIP *OLDSMAR FL 34677*

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HARRIS, SHEILA**
CITY-ST-ZIP **3318 SAN PEDRO ST**
CLEARWATER FL 33759-3635

TITLE ☒ Change ☐ Addition
NAME *HARRIS, SHEILA*
STREET ADDRESS *105-F DUNBAR AVE.*
CITY-ST-ZIP *OLDSMAR, FL 34677*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James D. Russell *04/24/00*

727-791-1899

CR2E034 (9/99)