

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G28734

1. Entity Name

THE LINKS REALTY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90018 001 ***150.00

Principal Place of Business

Mailing Address

% ROBERT A DOUGLAS
8351 BLIND PASS ROAD
ST PETERSBURG BEACH FL 33706

% ROBERT A DOUGLAS
8351 BLIND PASS ROAD
ST PETERSBURG BEACH FL 33706-1515

2. Principal Place of Business

16326 Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Address

16326 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Redington Beach, Fl.

City & State

Redington Beach, Fl.

4. FEI Number

59-2494816

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

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

Name

DOUGLAS, ROBERT A
8351 BLIND PASS ROAD
ST PETERSBURG BEACH FL 33706

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

16326 Gulf Blvd.

City

Redington Beach,

FL

Zip Code

33708

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, typed 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
JONES, MARY
8351 BLIND PASS RD.
ST. PETERSBURG BCH.,F

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

16326 Gulf Blvd.
Redington Beach, Fl. 33708

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Mary A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Jones 3/9/00 (727) 392-8311
Date Daytime Phone #

CR2E034 (9/99)