

2000 UNIFORM BUSINESS REPORT (UBR)

0000797 AF

DOCUMENT # L99000005891

1. Entity Name
CUSTOMLINKS, LLC

APPROVED
AND
FILED

00 APR 13 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2846 BUCCANEER DR.
WINTER PARK FL 32792

Mailing Address
2846 BUCCANEER DR.
WINTER PARK FL 32792-8120



2. Principal Place of Business

3. Mailing Address

c/o Edward M. Livingston, Esq.
Suite, Apt. #, etc.
P.O. Box 1599

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Zip

Country

Zip

32790

Country

US

4. FEI Number
59-3619153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR.
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FURLONG, PATRICK M
STREET ADDRESS 2846 BUCCANEER DR.
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600003223706--1

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP -04/25/00--01822-025
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature)
SIGNATURE REQUIRED

04/04/00

(407) 671-3855

PATRICK M. FURLONG, Managing Member

Date

Daytime Phone #

CR2E083 (9/99)