

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90133 025 \*\*\*158.75

DOCUMENT # P00000045270

1. Entity Name

GOLD AND DIAMOND LINK, INC.



Principal Place of Business

5729 CALAIS BLVD. NORTH  
UNIT 6  
ST. PETERSBURG FL 33714

Mailing Address

5729 CALAIS BLVD. NORTH  
UNIT 6  
ST. PETERSBURG FL 33714

2. Principal Place of Business

5757 CALAIS BLVD NORTH

3. Mailing Address

5757 CALAIS BLVD. NORTH

Suite, Apt. #, etc.

UNIT 2

Suite, Apt. #, etc.

UNIT 2

City & State

ST PETE FL

City & State

ST PETE FL

Zip 33714

Country USA

Zip 33714

Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3675714

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KASSIS, MARLINE Y  
5729 CALAIS BLVD. NORTH  
UNIT 6  
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KASSIS, MARLINE Y  
STREET ADDRESS 5729 CALAIS BLVD. NORTH, UNIT 6  
CITY-ST-ZIP ST. PETERSBURG FL 33714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARLINE Y. KASSIS  
STREET ADDRESS 5757 CALAIS BLVD NORTH, UNIT 2  
CITY-ST-ZIP ST PETE FL 33714

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 receiver or 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: *Marline Y. Kassis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/3 (727) 433-1023

Date

Daytime Phone

CR2E034 (10/02)