

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91277 047 \*\*\*150.00

**DOCUMENT # P01000035428**

1. Entity Name

**DOUBLE LINK COMMUNICATIONS, INC.**

Principal Place of Business

**5729 CENTRAL AVE.  
 ST. PETERSBURG FL 33710**

Mailing Address

**5729 CENTRAL AVE.  
 ST. PETERSBURG FL 33710**

2. Principal Place of Business

**1200 79 ST. S.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 41692**

Suite, Apt. #, etc.

City & State

**ST. PETE, FL**

Zip

**33707**

Country

**PINELLAS**

City & State

**ST. PETE, FL**

Zip

**33743**

Country

**PINELLAS**

4. FEI Number

**59-3723523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SOKOLEWICZ, EVA  
 5729 CENTRAL AVE.  
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

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

**1200 79 ST. S.**

City

**ST. PETE**

**FL**

Zip Code

**33707**

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, 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 **D** ☐ Delete  
 NAME **SOKOLEWICZ, EVA**  
 STREET ADDRESS **5729 CENTRAL AVE.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **D** ☐ Delete  
 NAME **GUDMUNDSON, NICKY**  
 STREET ADDRESS **2701 30TH AVE. N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition  
 NAME **EVA SOKOLEWICZ**  
 STREET ADDRESS **1200 79 ST. S.**  
 CITY-ST-ZIP **ST. PETE, FL. 33707**

TITLE **D** ☒ Change ☐ Addition  
 NAME **NICKY GUDMUNDSON**  
 STREET ADDRESS **3310 51ST. N.**  
 CITY-ST-ZIP **ST. PETE, FL. 33710**

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

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

TITLE ☐ Change ☐ Addition  
 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 Required**

**3/18/02**

**727-341-0752**

Date

Daytime Phone #

CR2E034 (9/01)