

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082240

1. Entity Name

AMERICAN MICROLINK, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90308 031 ***150.00

Principal Place of Business

Mailing Address

12526 CARDIFF DR.
TAMPA FL 33625
US

12526 CARDIFF DR.
TAMPA FL 33625-6592
US

2. Principal Place of Business

3. Mailing Address

12526 Cardiff Dr.

12526 Cardiff Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. FEI Number

59-3209812

Applied For

Not Applicable

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

BUCHANAN, TIMOTHY C
12526 CARDIFF DR
TAMPA FL 33625

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BUCHANAN, TIMOTHY C
STREET ADDRESS 12526 CARDIFF DR
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy C. Buchanan 4/20/00

813-264-0326

CR2E034 (9/99)