

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006144

1. Entity Name

AUGLINK COMMUNICATIONS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90047 029 ***150.00

Principal Place of Business

Mailing Address

26 SPANISH STREET
ST. AUGUSTINE FL 32084

26 SPANISH STREET
ST. AUGUSTINE FL 32084-3618

2. Principal Place of Business

5 CORDOVA STREET

3. Mailing Address

5 CORDOVA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE FL

City & State
ST. AUGUSTINE FL

4. FEI Number 59-3290996

Applied For
Not Applicable

Zip
32084

Country
USA

Zip
32084

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

HALL, CHARLES E JR
25 OLD MISSION AVENUE
ST. AUGUSTINE FL 32024

Name DOBSON AND BROWN

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

City ST. AUGUSTINE FL Zip Code 32084

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	D	<input type="checkbox"/> Delete
NAME	PENNINGTON, JAMES D	
STREET ADDRESS	103 DOLPHIN DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKUS, DAVID E	
STREET ADDRESS	9880 CR 214-116 SAN RAFAEL RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32082 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ELKUS, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	116 SAN RAFAEL RD	
STREET ADDRESS	ST. AUGUSTINE FL 32084	
CITY-ST-ZIP		
TITLE	H. ALEX LOACH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	107-A ARRICOLA AVE	
STREET ADDRESS	ST. AUGUSTINE FL 32084	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

904 824-1660

Daytime Phone #

CR2E034 (9/99)