

2001 UNIFORM BUSINESS REPORT (UBR)

3/9

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-09-2001 90004 038 ***150.00

DOCUMENT # P95000030433

1. Entity Name
INTERLINK CONSTRUCTION, INC.

Principal Place of Business
% SAMIR JAMAL SEBAALI
1516 EAST HILLCREST STREET, SUITE 301
ORLANDO FL 32803-4716

Mailing Address
% SAMIR JAMAL SEBAALI
1516 EAST HILLCREST STREET, SUITE 301
ORLANDO FL 32803-4716

05384



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3340967**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BLACK, RONALD W
222 WESTMONTE DR
#211
ALTAMONTE SPRINGS FL 32714

Name **Samir J. Sebaali**
Street Address (P.O. Box Number is Not Acceptable)
1516 East Hillcrest Street, Suite 301
City **Orlando,** **FL** Zip Code **32803-4716**

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 **Samir J. Sebaali**

DATE **3-16-01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P SEBAALI, SAMIR J. 5392 LAKE MARGARET DRIVE, APT. 817 ORLANDO FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SEBAALI, MARY L 5392 LAKE MARGARET DR APT #817 ORLANDO FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

407-895-5282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)