

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082041

1. Entity Name

WEBLINK SOFTWARE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90015 016 ***550.00

Principal Place of Business

3751 ONE SAN JOSE PLACE
 SUITE 15
 JACKSONVILLE FL 32257
 US

Mailing Address

3751 ONE SAN JOSE PLACE
 SUITE 15
 JACKSONVILLE FL 32257
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3348016

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

MABM CORPORATE SERVICES, INC.
 3751 ONE SAN JOSE PLACE
 SUITE 15
 JACKSONVILLE FL 32257

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PT	<input checked="" type="checkbox"/> Delete
NAME	ROBERT T SHEVLIN	
STREET ADDRESS	3717 NW 66TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	MARYLOU SHEVLIN	
STREET ADDRESS	3717 NW 66TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Wm. A. Levine	
STREET ADDRESS	3751 One San Jose Pl. #15	
CITY-ST-ZIP	Jax, FL 32257	
TITLE	S	<input type="checkbox"/> Delete
NAME	Stephanie Levine	
STREET ADDRESS	3751 One San Jose Pl. #15	
CITY-ST-ZIP	Jax, FL 32257	
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		<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		
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/00

904262-1234

CR2E034 (5/00)