

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082041

1. Entity Name
WEBLINK SOFTWARE, INC.

Principal Place of Business Mailing Address
3751 ONE SAN JOSE PLACE 3751 ONE SAN JOSE PLACE
SUITE 15 SUITE 15
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257
US 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

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

7. Name and Address of New Registered Agent

Name RAX CO. c/o Daniel B. Nunn, Jr.
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street, Suite 3300
City Jacksonville FL Zip Code 32202

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 Daniel B. Nunn, Jr., Vice President 04-30-01
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVIN, WM. A	
STREET ADDRESS	3751 ONE SAN JOSE PLACE #15	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVIN, STEPHANY	
STREET ADDRESS	3751 ONE SAN JOSE PLACE #15	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: Stephany Levin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 904-262-1234
DATE Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90019 046 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)