

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90412 001 \*\*\*\*\*8.75  
04-26-2000 90412 002 \*\*\*150.00

DOCUMENT # P96000033644

1. Entity Name

REZLINK, INC.

Principal Place of Business

Mailing Address

2350-N 34TH STREET NORTH #201  
ST. PETERSBURG FL 33713

2350-N 34TH STREET NORTH #201  
ST. PETERSBURG FL 33713-3611

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

59-3592430

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

BRINKLEY, LINSTER E JR  
2350-N 34TH STREET NORTH #101  
ST. PETERSBURG FL 33713

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 \$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 P  
NAME HARLEY, MICHAEL J  
STREET ADDRESS 9814 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 33615



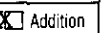
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE ST  
NAME CHU, CHORNG-YI  
STREET ADDRESS 7974 SAILBOAT KEY BLVD. #304  
CITY-ST-ZIP SOUTH PASADENA FL 33707



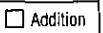
TITLE ST  
NAME STEVENS, RICHARD L  
STREET ADDRESS 19314 WIND DANCER STREET  
CITY-ST-ZIP LUTZ, FL 33549



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



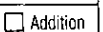
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

Daytime Phone #

CR2E034 (9/99)