

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092743

1. Entity Name

YOURLINK, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90100 046 \*\*\*165.00

Principal Place of Business

Mailing Address

275 MAGNOLIA AVE

275 MAGNOLIA AVE

STE 4

STE 4

ISLAND FL 32952

MERRITT ISLAND FL 32952-4839

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3426474

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ORDONEZ, SHARON  
275 MAGNOLIA AVENUE  
SUITE 4  
MERRITT ISLAND FL 32952

Name Richard Bradley

Street Address (P.O. Box Number is Not Acceptable)  
275 Magnolia Avenue

Suite 4

City Merritt Island FL 32952

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

*Richard Bradley Secretary*

4/14/00

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 ORDONEZ, SHARON  
STREET ADDRESS 2065 LEEWARD LANE  
CITY-ST-ZIP MERRITT ISLAND FL ☒ Delete

TITLE P  
NAME Gina Bradley  
STREET ADDRESS 109 Legion Lane  
CITY-ST-ZIP Cocoa, FL 32922 ☒ Change ☐ Addition

TITLE V  
NAME CLARK, STEVE  
STREET ADDRESS 2065 LEEWARD LN  
CITY-ST-ZIP MERRITT ISLAND FL ☒ Delete

TITLE V  
NAME Richard Bradley  
STREET ADDRESS 109 Legion Lane  
CITY-ST-ZIP Cocoa, FL 32922 ☒ Change ☐ Addition

TITLE S  
NAME BRADLEY, RICHARD A  
STREET ADDRESS 109 LEGION LN  
CITY-ST-ZIP COCOA FL ☐ Delete

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

TITLE T  
NAME BRADLEY, GINA  
STREET ADDRESS 109 LEGION LN  
CITY-ST-ZIP COCOA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Gina Bradley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 321-632-3107

CR2E034 (9/99)