

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90070 010 ***150.00

DOCUMENT # P96000092743

1. Entity Name

YOURLINK, INC.



Principal Place of Business

204 E GARFIELD AVENUE
COCOA BEACH FL 32931
US

Mailing Address

204 E GARFIELD AVENUE
COCOA BEACH FL 32931
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

59-3426474

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

BRADLEY, RICHARD
275 MAGNOLIA AVENUE
SUITE 4
MERRITT ISLAND FL 32952

Name Address Correction:

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

204 E. Garfield Avenue

City Cocoa Beach

FL

Zip Code 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRADLEY, GINA	
STREET ADDRESS	204 E GARFIELD AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRADLEY, RICHARD	
STREET ADDRESS	204 E GARFIELD AVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADLEY, RICHARD-A	
STREET ADDRESS	204 E GARFIELD AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRADLEY, GINA	
STREET ADDRESS	109 LEGION LN	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/04 321-868-4953

Date

Daytime Phone #