

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90008 015 \*\*\*150.00

DOCUMENT # **897000015289**

1. Entity Name

**THE LINKS.COM, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**953 Gondolier Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**953 Gondolier Blvd**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Gay Breeze**

City & State

**Florida**

4. FEI Number

**59-3513157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip

**32563**

Country

**USA**

Zip

**32563**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**S.F. Stoudenmire**

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

**953 Gondolier Blvd**

City

**Gay Breeze**

FL

Zip Code

**32562**

**DO NOT WRITE  
IN THIS SPACE**

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]**

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

(NOTE: Registered Agent signature required when reinstating)

**8/7/2002**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$650.00**

**Amended UBR is \$64.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Stefan F. Stoudenmire**  
**953 Gondolier Blvd**  
**Gay Breeze, FL 32562**

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**7-31-2002 860-476-3527**

CF2E034B (12/01)

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

July 31, 2002

Dear People or Our Great State:

Today I received in the mail from your office the enclosed letter dated July 25, 2002. To that end I have enclosed a replace check. But you letter on the worldwide disease Research Centers, Inc. caused me to call your office because it was determined that I have not received notice on thelinks.com, inc. annual report from your office.

I called your office to confirm that it has not been filed, then I downloaded the form as advised and completed the return. I have enclosed \$150.00 and request that you consider this corporation has no employees, and does very small amounts of business, is a Florida corporation, and has filed its other reports, and that it would have filed this report except that the form was not present or to my knowledge received at the time of the filing of the tax returns. I think I asked about this by email much earlier this year, but I cannot find the email. The problem may have been one in mailing, as this year they changed the zip code to 32561, however the Worldwide Disease Research centers, one got to me.

I therefore respectfully request that you accept our filing, accept the \$150.00 fees and waive the late filing fees for thelinks.com as enclosed. Thank you very much

If there are questions please call me at 850-476-3527

Sterling Stoudenmire, III.

Attachment

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