

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073647

1. Entity Name

INTER*LINK TECHNOLOGY SOLUTIONS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90038 027 ***150.00

Principal Place of Business Mailing Address
~~4993 S. AIDENWOOD AVE~~ P.O. BOX 291241
~~STE 5~~ DAYTONA BEACH FL 32129-1241
~~DAYTONA BEACH FL 32127-4532~~

00007324

2. Principal Place of Business 3. Mailing Address
4606 S. CYDE MORRIS BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 2H

City & State City & State
PORT ORANGE, FL

Zip Country Zip Country
32119 USA

4. FEI Number 59-3465718 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

GOULD, JOHN S
~~1922 SOUTH CREEK~~
DAYTONA BEACH FL 32124
Name
Street Address (P.O. Box Number is Not Acceptable)
1922 SOUTHCREEK BOULEVARD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, JOHN S		NAME		
STREET ADDRESS	1922 S CREEK BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-17-2000 Daytime Phone # 904.322.5440