

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073647

1. Entity Name
INTER*LINK TECHNOLOGY SOLUTIONS, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90028 032 ***150.00

Principal Place of Business
4606 S. CLYDE MORRIS BLVD
SUITE 200
PORT ORANGE FL 32119

Mailing Address
P.O. BOX 291241
DAYTONA BEACH FL 32129-1241

2. Principal Place of Business

Suite, Apt. #, etc.

20

City & State

DAYTONA BEACH

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 BLVD
DAYTONA BEACH FL 32124

Name

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

"SOUTH CREEK" IS ONE WORD

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
GOULD, JOHN S
1922 S CREEK BLVD
DAYTONA BEACH FL 32124 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
GOULD, JOHN S
1922 S CREEK BLVD
DAYTONA BEACH FL 32124 ☐ Delete

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

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☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01 904.322.5440
Date Daytime Phone #

CR2E034 (10/00)