

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90224 049 ***150.00

DOCUMENT # P97000073647

1. Entity Name

Inter*Link Technology Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4606 S. Clyde Morris Blvd.

3. Mailing Address

PO Box 291241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 2D

City & State

City & State

Daytona Beach, FL

Daytona Beach, FL

Zip

Country

Zip

Country

32129

Volusia

32129-1241

Volusia

4. FEI Number

59-3465718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

John S. Gould

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

4606 S. Clyde Morris Blvd.

Ste. 2D

City

Daytona Beach

FL

Zip Code

32129

**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, 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 PT
NAME John S. Gould
STREET ADDRESS 4606 S. Clyde Morris Blvd. Ste. 2D
CITY-ST-ZIP Daytona Beach, FL 32129

TITLE 3V
NAME John S. Gould
STREET ADDRESS 4606 S. Clyde Morris Blvd. Ste. 2D
CITY-ST-ZIP Daytona Beach, FL 32129

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**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.02 386.322.5440

Date

Daytime Phone #

CR2E034B (12/01)