

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032027

1. Entity Name

LINK-A-TRAVEL, INC.

FILED

00 MAR 31 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

830 S.W. - 27 ROAD  
MIAMI, FLORIDA 33129

Mailing Address

830 SW - 27 ROAD  
MIAMI, FLORIDA 33129

2. Principal Place of Business

830 JW - 27 ROAD

3. Mailing Address

830 SW - 27 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0875857

Applied For

Not Applicable

Zip

33129

Country

DADE

Zip

33129

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THORNHILL, VICTORIA  
830 SW - 27 ROAD  
MIAMI, FLORIDA 33129

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

VICTORIA THORNHILL

MARCH 14/2000

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, 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

TITLE	THORNHILL, VICTORIA	<input type="checkbox"/> Delete
NAME	6701 SW - 116 CT APT 403	
STREET ADDRESS	MIAMI, FL.	PRESIDENT
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	THORNHILL, VICTORIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	830 SW - 27 ROAD	
STREET ADDRESS	MIAMI, FL. 33129	PRESIDENT
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA E. THORNHILL  
PRESIDENT

Date

Daytime Phone #

MARCH 14/2000 (305) 8563655

CR2E034 (9/99)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

Page 1 of 2

00 MAR 31 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H15043

1. Corporation Name

S + L CEILING + FLOORS, INC

2. Principal Office Address

543 NW 21<sup>ST</sup> STREET

Suite, Apt. #, etc.

3. Mailing Office Address

543 NW 21<sup>ST</sup> STREET

Suite, Apt. #, etc.

City &amp; State

OCALA, FL

City &amp; State

OCALA, FL

Zip

34475

Country

MARION

Zip

34475

Country

MARION

4. Date Incorporated or Qualified  
To Do Business in Florida

8/1/84

5. FEI Number

59-2433722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

MILTON B. HALE, JR

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

543 NW 21<sup>ST</sup> STREET

Suite, Apt. #, Etc.

City

OCALA

State  
FL

Zip Code

34475

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0603, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/30/00

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Anthony, CHARLES WESLEY III	543 NW 21 <sup>ST</sup> STREET	OCALA, FL 34475
VP	Anthony, Charles Wesley IV	543 NW 21 <sup>ST</sup> STREET	OCALA, FL 34475
VP	Anthony, Scott Michael	543 NW 21 <sup>ST</sup> STREET	OCALA, FL 34475
S	MILTON B. HALE, JR	543 NW 21 <sup>ST</sup> STREET	OCALA, FL 34475
			300003191273-3
			03/31/00-01015-013
			****308.75 ****308.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

M. B. HALE, JR

Corp. SECT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

(352)

867-7290

Daytime Phone #

3/31/00

**S&L CEILING &  
FLOORS, INC.  
OFFICE OF THE  
COMPTROLLER**

Page 2 of 2  
Attachment

# Memo

**To:** SECRETARY OF STATE  
**From:** MILTON B. HALE, JR.  
**CC:** CORPORATE FILES  
**Date:** 03/30/00  
**Re:** REQUEST FOR REINSTATEMENT

THE MANAGEMENT OF THIS CORPORATION HAS BEEN LACKING IN THE PAST. I HAVE BEEN HIRED TO TRY AND UPDATE OUR POLICIES AND PROCEDURES. BEING NOTIFIED OF OUR TERMINATION AS A CORPORATION CAME AS A SURPRISE TO ME SINCE I HAD NOT SEEN ANY CORRESPONDENCE FROM YOUR OFFICE. I HAVE SINCE FOUND THAT PAPERWORK HAD BEEN MAILED TO A CPA'S OFFICE THAT THE COMPANY HAD USED IN THE PAST.

I ASK THAT YOU WAVE THE PENALTY AND ACCEPT THE QUOTED FEE OF \$300.00 TO REINSTATE THE GOOD STANDING OF THIS CORPORATION. I BELIEVE THIS WAS THERE FIRST INFRACTION AND HOPEFULLY IT WILL NOT HAPPEN AGAIN.