## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P98000081886 1. Entity Name INTERLINK TELEPHONY, INC. 02-14-2000 90131 033 \*\*\*150.00 Principal Place of Business Mailing Address SAN JOSE BLVD. 8789 SAN JOSE BLVD. 00020718 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-4285 2. Principal Place of Business 3. Mailing Address Ra. 70 South Ellis Koad <u>570 S. Ellis</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Applied For 4. FEI Number City & State 52-2123477 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWETT, DONALD E 8789 SAN JOSE BLVD. JACKSONVILLE FL 32217 hanging its registered office or registered agent, or both, in the State of Florida. ubmits this statement for the purposi JW18, 2000 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete SWETT, DONALD E 946 Jorick Gurt West SWETT, DONALD E NAME NAME STREET ADDRESS 946 JORICK COURT WEST STREET ADDRESS CITY-ST-7IP Jacksonville, FL 32225 CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete TITLE WHITCHER, RICK nitcher, Rick F 14 Oxington Road NAME NAME 6514 OVINGTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32216 Delete \_\_\_ ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR