

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-25-2001 90294 042 ***150.00

DOCUMENT #

1. Entity Name

99000027459
 WORLDLINK TRANSPORTATION

Principal Place of Business

Mailing Address

4630 S. KIRKMAN RD SE406
 ORLANDO, FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 406

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

FL 32811

4. FEI Number

59-3495231

Applied For

Not Applicable

Zip

32811

Country

ORANGE

Zip

Country

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

NATHAN A. CHAMBERS

7109 ROTHCHILD CT

ORLANDO, FL 32835

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: A registered Agent signature required when reinstating)

5/26/01
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NOW!
 After MAY 1, 2001
 Make Check Payable to Department of State

FEE IS \$150.00
 Fee will be \$530.00
 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: PRESIDENT
 NAME: NATHAN A. CHAMBERS
 STREET ADDRESS: 7109 ROTHCHILD COURT
 CITY-ST-ZIP: ORLANDO FL 32835

☐ Change ☐ Addition

TITLE: VICE PRESIDENT
 NAME: ADMIN. E. NARAN-CHAMBERS
 STREET ADDRESS: 7109 ROTHCHILD CT
 CITY-ST-ZIP: ORLANDO FL 32835

☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

☐ 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

Daytime Phone #

CR2E034 (11/00)