

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90111 020 ***150.00

DOCUMENT # P99000037492

1. Entity Name

SERVICELINK, INC.

Principal Place of Business

1322 N.W. 188TH TERRACE
MIAMI FL 33169

Mailing Address

1322 N.W. 188TH TERRACE
MIAMI FL 33169-3418

907281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1031 Ives Dairy Rd.

(Suite/Apt. #, etc.)

228

City & State

N. Miami Beach, FL

Zip

33179

Country

Dade

3. Mailing Address

1031 Ives Dairy Rd.

(Suite/Apt. #, etc.)

228

City & State

N. Miami Beach, FL

Zip

33179

Country

Dade

4. FEI Number

65-0916624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CHARLES
1322 N.W. 188TH TERRACE
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Sheldon Lindo

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

1031 Ives Dairy Rd., Suite 228

City

N. Miami Beach

FL

Zip Code

33179

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) ☐

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 **DP** ☒ Delete

NAME **DAVIS, CHARLES**
STREET ADDRESS **1322 N.W. 188TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **SDV** ☒ Delete

NAME **DAVIS, IAN**
STREET ADDRESS **1322 N.W. 188TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman/CEO** ☐ Change ☒ Addition

NAME **C.R. DAVIS**
STREET ADDRESS **1031 Ives Dairy Rd, Suite 228**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **V.P. Sales & Marketing** ☐ Change ☒ Addition

NAME **Sheldon Lindo**
STREET ADDRESS **1031 Ives Dairy Rd, Suite 228**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **V.P. Creative Services** ☐ Change ☒ Addition

NAME **Derek Lawrence**
STREET ADDRESS **1031 Ives Dairy Rd, Suite 228**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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

Date

Daytime Phone #

1/21/99 305-770-2222