

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070460

1. Entity Name

LINKS DESIGN-A-HOLE, INC.



FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 004 ***550.00

Principal Place of Business

225 W. LAKE SUMMIT DR.
WINTER HAVEN FL 33884

Mailing Address

PMB #301. 6039 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884-4115

2. Principal Place of Business

4218 Hammond Drive

3. Mailing Address

4218 Hammond Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

4. FEI Number

59-3593585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAZZANO, LAWRENCE
225 W. LAKE SUMMIT DR.
WINTER HAVEN FL 33884

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME RAZZANO, LAWRENCE
STREET ADDRESS 225 W. LAKE SUMMIT DR.
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE VD
NAME LARUFFA, VINCENT
STREET ADDRESS 3319 CARNMORE CHASE
CITY-ST-ZIP MARIETTA GA 30066 ☐ Delete

TITLE SD
NAME WEEDER, DAVID L
STREET ADDRESS 1412 HIDDEN CREEK LANE
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE TD
NAME FUQUA, MICHAEL
STREET ADDRESS 153 BEVERLY DR., S.E.
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

Date

863-318-9737

Daytime Phone #

CR2E034 (5/00)