

2000 UNIFORM BUSINESS REPORT (UBR)

091400

DOCUMENT # P99000103626

1. Entity Name
IMAGE LINK SUPPLY, INC.

FILED
00 SEP 15 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1996 NE 148TH TERR.
N. MIAMI FL 33181

Mailing Address
1996 NE 148TH TERR.
N. MIAMI FL 33181

2. Principal Place of Business
540 CARILLON PKWY
Suite, Apt. #, etc.
Suite 3038

3. Mailing Address
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

Zip
33716

Country

4. FEI Number
65 0964330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRINDEL, BENJAMIN
1996 NE 148TH TERR.
N. MIAMI FL 33181

7. Name and Address of New Registered Agent
Name
Charles Schane
Street Address (P.O. Box Number is Not Acceptable)
540 Carillon Pkwy #3038
City
St. Petersburg FL Zip Code
33716

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 *Chau W. Su* DATE 9/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRINDEL, BENJAMIN		NAME		
STREET ADDRESS	1996 NE 148TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL 33181		CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Schane		NAME		
STREET ADDRESS	540 CARILLON PKWY #3038		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33716		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Snyder		NAME		
STREET ADDRESS	1012 Silktree		STREET ADDRESS		
CITY-ST-ZIP	Weston FL 33327		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Chau W. Su* DATE 9/14/00 DAYTIME PHONE # 727 299 9375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)