

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110594

1. Entity Name

FLORIDA LINK INTERNATIONAL, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90172 035 ***150.00

Principal Place of Business

Mailing Address

1030 WOODBROOK DR
LARGO FL 33770

1030 WOODBROOK DR
LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

1557 Sweet Plum Cir 1557 Sweet Plum Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Country

Zip

Country

32312

32312

4. FEI Number

59-3637356

☒ Applied For
☐ Not Applicable

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

HAYES, RENATA
1030 WOODBROOK DR
LARGO FL 33770

Name

Mel Yopp

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

1557 Sweet Plum Cir.

City

Tallahassee

FL

Zip Code

32312

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

Mel Yopp (Mel Yopp Director)

3-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYES, RENTA	
STREET ADDRESS	1030 WOODBROOK DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mel Yopp	
STREET ADDRESS	1557 Sweet Plum Cir.	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Renata Hayes Pres. 3-30-00 581-7503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)