

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90082 015 ***150.00

DOCUMENT # S01727

1. Entity Name

INTERNATIONAL LINKS, INC.

Principal Place of Business

**11239 ST JOHNS IND. PKWY
STE 5
JACKSONVILLE FL 32246
US**

Mailing Address

**11239 ST JOHNS IND. PKWY
STE 5
JACKSONVILLE FL 32246
US**

2. Principal Place of Business

1867 McFarland Rd
Suite, Apt. #, etc.

3. Mailing Address

1867 McFarland Rd
Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

Alpharetta, GA

4. FEI Number

59-3028139

Applied For

Not Applicable

Zip

Country

30005

USA

Zip

Country

30005

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, PAMELA K
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202**

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 \$150.00
After May 1, 2002 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 | D | <input type="checkbox"/> Delete |
| NAME | ZURBRIGGEN, RAYMOND | |
| STREET ADDRESS | 1 TANTALLON ROAD | |
| CITY-ST-ZIP | N BERWICK, E LOTH. SWITZ EH39- 5NF | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | LUNN, MICHAEL | |
| STREET ADDRESS | 1 TANTALLON ROAD | |
| CITY-ST-ZIP | N BERWICK, E LOTH. SWITZ EH39- 5NF | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HEAD, RICHARD | |
| STREET ADDRESS | 1 TANTALLON ROAD | |
| CITY-ST-ZIP | N BERWICK, E LOTH. SWITZ EH39- 5NF | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLER, MICHAEL K | |
| STREET ADDRESS | 11239 ST. JOHNS INDUSTRIAL PKWY. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| 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 | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, MICHAEL K. | |
| STREET ADDRESS | 1867 McFarland Rd | |
| CITY-ST-ZIP | Alpharetta, GA 30005 | |
| 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)