

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90130 004 \*\*\*150.00

**DOCUMENT # S68461**

1. Entity Name

**L A LINKS, INCORPORATED**

Principal Place of Business

**3150 BLOSSOM DR  
W. BLOOMFIELD MI 48324  
US**

Mailing Address

**3150 BLOSSOM DR  
W. BLOOMFIELD MI 48324  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0275313**

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

**LITTEN, KARL  
6557 SUN RIVER ROAD  
BOYNTON BEACH FL 33436**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIOLA, LORRIE A.</b> <b>3150 BLOSSOM DR</b> <b>W. BLOOMFIELD MI 48324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VIOLA, CHARLES M</b> <b>4798 CALVERT</b> <b>TROY MI 48098</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>REGAN, MICHAEL</b> <b>3150 BLOSSOM DR.</b> <b>W. BLOOMFIELD MI 48324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lorrie A. Viola*

*July 12, 2002*

*248-366-9447*

Daytime Phone #

CR2E034 (4/02)



**L. A. LINKS, INC.**  
**GOLF COURSE DESIGNERS**

Attachment  
Doc. # S 68461

122198

July 15, 2002

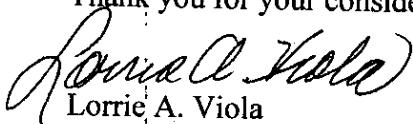
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Division of Corporations:

Please accept my check of \$150.00 for my 2002 Uniform Business Report. When I received this notice of being late, I called the Division of Corporations. I was told that the original notice went out in February sometime and the original fee was \$150.00. I never received the first notice and thought maybe it was sent to my Florida agent. They said they never received it either. I then assumed that because I filed for Foreign Corporation Status in Michigan that I would no longer receive anything from the State of Florida. I am a sole business owner and do my own corporate papers so I am unfamiliar with all of the corporate rules.

I am asking that you please accept the original fee for my corporate filing. I will be on the lookout next February for the report and will notify the state if I do not receive one, now that I have a contact number.

Thank you for your consideration,

  
Lorrie A. Viola

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