

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90016 048 ***550.00

DOCUMENT # V63709

1. Entity Name
PROPERTY LINK INTERNATIONAL, INC

Principal Place of Business
 41264 US 19 N
 TARPON SPRINGS FL 34689
 US

Mailing Address
 41264 US 19 N
 #37
 TARPON SPRINGS FL 34689
 US

80106203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3142999**

Applied For
 Not Applicable

Zip Country

Zip Country

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

MILLS, INA
435 MEADOW LARK LANE
PALM HARBOR FL 34683

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 *Ina Mills*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	MILLS, INA	
STREET ADDRESS	435 MEADOW LARK LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLS, BUELL B	
STREET ADDRESS	435 MEADOW LARK LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WENDELL, GERLAD	
STREET ADDRESS	4850 OSPREY DRIVE SOUTH UNIT 206	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	UBALDINI, GARY A	
STREET ADDRESS	3191 VALEMONT DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	UBALDINI, NICOLA S	
STREET ADDRESS	3191 VALEMOOR DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FREEL, KEVIN D	
STREET ADDRESS	PO BOX 4641	
CITY-ST-ZIP	CLEARWATER FL 33758	

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
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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: *Ina Mills* **President/Treasurer** 9/7/00 727-938-5566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)