

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

0085149 AV

DOCUMENT # P01000077204

1. Entity Name
UPLINK DATA, INC.



04-02-2003 90058 041 ***150.00

Principal Place of Business
521 EAST STATE ROAD 434
LONGWOOD FL 32750

Mailing Address
521 EAST STATE ROAD 434
LONGWOOD FL 32750



2. Principal Place of Business
650 S. North Lake Blvd.

3. Mailing Address
650 S. North Lake Blvd.

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
59-3739269

Applied For
Not Applicable

Zip
32701

Country
USA

Zip
32701

Country
USA

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

6. Name and Address of Current Registered Agent

MISIAK, MARK A
521 EAST STATE ROAD 434
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Misiak, Mark A
Street Address (P.O. Box Number is Not Acceptable)
650 S. North Lake Blvd.
Suite 400
City
Altamonte Springs FL Zip Code
32701

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 *Mark A. Misiak*, Mark A. Misiak, President

1-7-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MISIAK, MARK A	521 EAST STATE ROAD	LONGWOOD FL 32750	<input type="checkbox"/>
TD	KRUEGER, DONALD A	521 EAST STATE ROAD 434	LONGWOOD FL 32750	<input type="checkbox"/>
SD	CLEMENTS, MICHAEL L	521 EAST STATE ROAD	LONGWOOD FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		650 S. North Lake Blvd. Suite 400	Altamonte Springs, FL. 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		650 S. North Lake Blvd. Suite 400	Altamonte Springs, FL. 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		650 S. North Lake Blvd. Suite 400	Altamonte Springs, FL. 32701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ L. Clements 1-7-2003 407-949-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)