FILED

Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90058 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000077204

1. Entity Name UPLINK DATA, INC.



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

2. Principal Place of Business

Mailing Address 521 EAST STATE ROAD 434 LONGWOOD FL 32750

3. Mailing Address

650	<u>5. No</u>	17th Lake Blud.	600 S. Nicth	<u>Lake</u>	<u> 13 I y</u>	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Svite 400			Svite 400			1	L			
City & Stat			City & State				4. FEI Number 59-3739269	Ar	plied For	
/ A	tamon	te Springs, FL	Altamonte	Spr	ings.	F L	39-3738208	No	ot Applicable	
Žip		Country	Zip	Country	y 1		5. Certificate of Status Desired	. 75 Add	ditional	
_3270)]	USA	32701		AZV		S. Certificate of Status Desired	Require	d	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
الماريان الداري المائلة المرافق المتهيد المنطق معينة المدارة بالمستقيد بالمستقيد بالمستقيد والمستقيد المستقدات						Name Misiak, Mark A				
MISIAK, MARK A					Ctract Address (P.O. Pay Number is Not Assentable)					
521 EAST STATE ROAD 434					Street Address (P.O. Box Number is Not Acceptable) 650 S. North Lake Blod.					
LONGWOOD FL 32750										
ECHANOOD FL 32730						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 Mik Minh , Mark A. Misiak, President 1-7-2003										
SIGNATURE.	Signature, types	or printed name of registered agent an						2003		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
After May 1, 2003 Fee will be \$550.00							Trust Fund Contribution.		to Fees	
Make Check Payable to Florida Department of State									}	
10.		OFFICERS AND D	IRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 11	
TITLE	PD		☐ Delete	TITLE	ľ		⊡	Change	☐ Addition	
NAME	MISIAK, N	iark a		NAME	1				ĺ	
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CITY-ST-ZIP	LONGWOOD FL 32750			CITY-S	T-ZIP	Altamente Springs, FL. 32701				
TITLE	TD		☐ Delete	TITLE				Change	Addition	
NAME			NAME	- 1						
STREET ADDRESS		STATE ROAD 434				650	s S. North Lake Blud. Suite 404			
CITY-ST-ZIP		OD FL 32750				Altamente Springs, FL. 32701				
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NAME	CI EMENT	rs, Michael L		NAME	. ~		عدا في رواد درومت في الداك الداد الداد هميد.	te -	(A)	
STREET ADDRESS		STATE ROAD		STREET	ADDRESS	650	S. North Lake Blud. Suite	400	ì	
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STREET ADDRESS				1	ADDRESS)	
CITY-ST-ZIP				CITY-S	T-ZIP				Į.	

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:

407-949-2000

Daytime Phone #