

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90003 032 \*\*\*158.75

**DOCUMENT # F96000001820**

1. Entity Name

**IMAGELINKS, INC.**

Principal Place of Business

**4450 W EAU GALLIE BLVD  
STE 164  
MELBOURNE FL 32934  
US**

Mailing Address

**4450 W EAU GALLIE BLVD  
STE 164  
MELBOURNE FL 32934  
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 **59-3371327**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWN III, FAYETTE  
4450 W EAU GALLIE BLVD  
STE 164  
MELBOURNE FL 32934**

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, 2001 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	DC	<input type="checkbox"/> Delete
NAME	MULLIMS, J. DOUGLAS	
STREET ADDRESS	1901 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	BROWN III, FAYETTE	
STREET ADDRESS	429 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, STEPHEN W	
STREET ADDRESS	2700 COLTSGATE RD STE 202	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUCAS, MARK R	
STREET ADDRESS	363 MARLIU PLACE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DUPONT III, W DANIEL	
STREET ADDRESS	3019 W ONTARIO CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, ROBERT P	
STREET ADDRESS	820 KERRY DOWNS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelly N. Wingardner	
STREET ADDRESS	6248 Halcyon Court	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel W. Latham	
STREET ADDRESS	4450 W. Eau Gallie, Ste 164	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter S. Wilkinson Jr	
STREET ADDRESS	2700 Colts Gate Rd Ste 202	
CITY-ST-ZIP	Charlotte, NC 28211	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Delimitros	
STREET ADDRESS	8204 Elm Brook St 101	
CITY-ST-ZIP	Dallas, Tx 75247	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henderson, Robert P	
STREET ADDRESS	16 Viscaya Drive	
CITY-ST-ZIP	Palm Coast, FL 32137	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01 321 253 0011

CR2E034 (10/00)

0060280