

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90086 019 ***150.00

DOCUMENT # F98000003191

1. Entity Name

PARKLINK COMMUNICATIONS, INC.

Principal Place of Business

**1530 EISENHOWER PLACE
ANN ARBOR MI 48106-3284**

Mailing Address

**1530 EISENHOWER PLACE
ANN ARBOR MI 48106-3284**

2. Principal Place of Business

290 WOODCLIFF DR

3. Mailing Address

290 WOODCLIFF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FAIRPORT, NY

City & State

FAIRPORT, NY

Zip

14450

Country

USA

Zip

14450

Country

USA

4. FEI Number

38-3422372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CD KOFALT, JAMES A 50209 MANLY CHAPEL HILL NC 27514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, ROBERT I 12 EASTOVER ROAD STAMFORD CT 06905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, JOSEPH J 1530 EISENHOWER PLACE ANN ARBOR MI 48108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, FRANK 11720 SAN VICENTE BLVD STE #300 LOS ANGELES CA 90049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNICK, GARY 150 EL CAMINO DR STE #204 BEVERLY HILLS CA 90212	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ABBOT L 150 EL CAMINO DR STE #204 BEVERLY HILLS CA 90212	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ARUNAS A. CHESONIS 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RICHARD OTTALAGANA 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADFORD M. BONG 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT I SCHWARTZ 12 EASTOVER RD STAMFORD, CT 06905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL J. VENUTI 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIMOTHY J. BANCROFT 290 WOODCLIFF DR FAIRPORT, NY 14450	<input type="checkbox"/> Change <input checked="" 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:

Richard Ottalagana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00
Date

716-340-2559
Daytime Phone #