

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90049 001 ***150.00

DOCUMENT # F98000003191

1. Entity Name

PARKLINK COMMUNICATIONS, INC.

Principal Place of Business

**290 WOODCLIFF DR
FAIRPORT NY 14450
US**

Mailing Address

**290 WOODCLIFF DR
FAIRPORT NY 14450
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 **38-3422372**

Applied For

Not Applicable

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 **RICHARD OTTALAGANA**

Date

4/23/01

Daytime Phone #

716-340-2559

CR2E034 (10/00)