

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90114 027 ***158.75

DOCUMENT # P98000022211

1. Entity Name
DEFAULTLINK INVESTIGATIONS, INC.



Principal Place of Business
**5449 S. SEMORAN BLVD
#235
ORLANDO FL 32822**

Mailing Address
**5449 S. SEMORAN BLVD
#235
ORLANDO FL 32822**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3505363**

Applied For
Not Applicable

Zip Country Zip Country

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

**BECKER, ANGELA E
5449 S. SEMORAN BLVD
235
ORLANDO FL 32822**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, VICTOR G		NAME		
STREET ADDRESS	5449 SO SEMORAN BLVD., #235		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V/D/3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ANGELA E		NAME	Becker, Angela	
STREET ADDRESS	5449 SO SEMORAN BLVD #235		STREET ADDRESS	5449 S. Semoran Blvd, #235	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	Orlando, FL 32822	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOWHO, ERIC L		NAME	Donowho, Eric	
STREET ADDRESS	5449 SO SEMORAN BLVD #235		STREET ADDRESS	5449 S. Semoran Blvd, #235	
CITY-ST-ZIP	ORLANDO FL 32822		CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Angela Becker* **Angela Becker** **1/24/03** **407-737-4155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)