

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000003759

1. Entity Name

DATALINK IMAGING, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

07-18-2000 90009 034 ***150.00

Principal Place of Business

501 N. Orlando Ave.
#182-313
Winter Park, FL
32789-7313

Mailing Address

501 N. Orlando Ave.
#182-313
Winter Park, FL
32789-7313

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2139002

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

MARTIN, Hope A.
1110 Pheasant Circle
Winter Springs, FL 32708

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

N/A

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
President
Hope A. MARTIN
1110 Pheasant Circle
Winter Springs, FL 32708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Hope A. MARTIN
1110 Pheasant Circle
Winter Springs, FL 32708

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TITLE
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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:

Hope A. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00 (401)696-0607

Date

Daytime Phone #

CR2E034 (9/99)