

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003759

1. Entity Name

DATALINK IMAGING INCORPORATED

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

501 N. Orlando Ave

3. Mailing Address

501 N. Orlando Ave.

Suite, Apt. #, etc.

182-313

Suite, Apt. #, etc.

182-313

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789-7313

Country

ORANGE

Zip

32789-7313

Country

ORANGE

6. Name and Address of Current Registered Agent

MARTIN, HOPE A
1110 PHEASANT CIRCLE
WINTER SPRINGS FL 32708

4. FEI Number

52-2139002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

N/A

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	P	<input type="checkbox"/> Delete
NAME	MARTIN, HOPE A	
STREET ADDRESS	1110 PHEASANT CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, HOPE A	
STREET ADDRESS	1110 PHEASANT CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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 #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90013 029 ***150.00

00005621



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)