

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90103 009 \*\*\*150.00

**DOCUMENT # P99000026773**

1. Entity Name

**DATA LYNX OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

C/O WILLIAM D. CLARK  
 PO BOX 206  
 VENICE FL 34284-0206

C/O WILLIAM D. CLARK  
 PO BOX 206  
 VENICE FL 34284-0206

2. Principal Place of Business

3. Mailing Address

**303 E Pershing Rd**

**303 E Pershing Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 2415**

**# 2415**

City & State

City & State

**Decatur, IL**

**Decatur, IL**

4. FEI Number

**65-0899502**

Applied For

Not Applicable

Zip

Country

Zip

Country

**62526-2430**

**MACON**

**62526-2430**

**MACON**

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

**CLARK, WILLIAM D**  
**479 ALBEE FARM ROAD**  
**VENICE FL 34292-1203**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **President**  
 STREET ADDRESS **Charles A Lamont**  
 CITY-ST-ZIP **303 E Pershing Rd #2415**  
**Decatur, IL 62526-2430**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 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: **Charles A. Lamont**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-0000 217-872-4802**

Date

Daytime Phone #

CR2E034 (9/99)