

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000039578**

1. Entity Name

DYNALINK USA, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90099 006 ***150.00

Principal Place of Business

**701 TOURNAMENT RD.
PONTE VEDRA BEACH FL 32082**

Mailing Address

**701 TOURNAMENT RD.
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

10151 DEERWOOD PARK

Suite, Apt. #, etc.

BLDG 200, SUITE 250

3. Mailing Address

10151 DEERWOOD PARK

Suite, Apt. #, etc.

BLDG 200, SUITE 250

City & State

JACKSONVILLE, FL. 32256

City & State

JACKSONVILLE, FL. 32256

Zip

32256

Country

Zip

32256

Country

4. FEI Number **59-3618621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUMES, BETTY
701 TOURNAMENT RD.
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

HUMES, BETTY

Street Address (P.O. Box Number is Not Acceptable)

10151 DEERWOOD PARK, BLDG 200, SUITE 250City **JACKSONVILLE, FL.****FL**Zip Code
32256

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

*B. Humes***BETTY HUMES****1-15-01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUMES, BETTY**
STREET ADDRESS **701 TOURNAMENT RD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **HUMES, BETTY**
STREET ADDRESS **10151 DEERWOOD PARK BLDG 200, SUITE 250**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

*B. Humes***BETTY HUMES****1-15-01****904-642-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)