

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40346

1. Entity Name

GLOBAL TEL*LINK CORPORATION

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90184 043 ***150.00

Principal Place of Business

Mailing Address

2609 CAMERON STREET
 MOBILE AL 36607

2609 CAMERON STREET
 MOBILE AL 36607-3104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1071001

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	SCHOONBEEK, JURREN	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RIDGEWAY, TERESA	
STREET ADDRESS	2609 CAMERON ST	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JAMES J	
STREET ADDRESS	8258 GREENBRIAR CIR	
CITY-ST-ZIP	CHESAPEAKE VA 23320	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUNDERSON, JAMES L	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TC	<input type="checkbox"/> Delete
NAME	ZITO, MIKE - Resavage, Gina	
STREET ADDRESS	2609 CAMERON ST	
CITY-ST-ZIP	MOBILE AL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERSON, BRYAN	
STREET ADDRESS	1601 TECHNOLOGY DR	
CITY-ST-ZIP	SAN JOSE CA	

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		
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		

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 #

TERESA RIDGEWAY 1/5/00 334-479-4500

CR20034 (9/99)