

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005613

**Entity Name:** BUSINESS NETWORK CORPORATION**Current Principal Place of Business:**4522 WEST VILLAGE DRIVE, STE. 456  
TAMPA, FL 33624**Current Mailing Address:**4522 WEST VILLAGE DRIVE, STE. 456  
TAMPA, FL 33624**FEI Number:** 85-1538495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALBRECHTA, MARK J ESQ.  
3853 NORTHDAL BLVD., STE. 346  
TAMPA, FL 33624 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ALBRECHTA, MARK ESQ.
Address	3853 NORTHDAL BLVD., STE. 346
City-State-Zip:	TAMPA FL 33624

Title	VP
Name	COOK, COACH
Address	5020 W LINEBAUGH AVE., STE. 100
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	SHOWS, TIM
Address	17322 POPPY FIELDS LANE
City-State-Zip:	LAND O' LAKES FL 34638

Title	DIRECTOR
Name	HEINISCH, CHRIS
Address	4174 GRAND CHAMP CIR.
City-State-Zip:	PALM HARBOR FL 34685

Title	DIRECTOR
Name	GAUDENS, FRANK
Address	118 W. LUTZ-LAKE FERN RD.
City-State-Zip:	LUTZ FL 33548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK J. ALBRECHTA, ESQUIRE**PRESIDENT****03/04/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date