

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90209 031 \*\*\*150.00

**DOCUMENT # F96000005421**

1. Entity Name  
**BUSINESS INTERNET, INC.**



Principal Place of Business  
**500 CLINTON CENTER DR  
CLINTON MS 39056**

Mailing Address  
**1133 19TH ST NW  
DEPT 8408  
WASHINGTON DC 20036**

2. Principal Place of Business

**22001 LOUDOWN COUNTY PKWY**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ASHBURN VA**

Zip

Country

**20147 US**

Zip

Country

4. FEI Number **52-1672337**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBBERS, BERNARD 500 CLINTON CENTER DR CLINTON MS 39056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGTC NAGEL, WALTER 1133 19TH STREET NW WASHINGTON DC 20036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SULLIVAN, SCOTT 500 CLINTON CENTER DR CLINTON MS 39056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ATTACHED</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>OFFICERS LIST</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL SALSBERY**

Date

**4/30/03**

Daytime Phone #

**(202) 736-6362**

CR2E034 (10/02)

Attachment F96000005421  
11033819

**OFFICERS LIST**

**BUSINESS INTERNET, INC.**

**President & CEO**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Vice President & Treasurer**

Susan Mayer  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Secretary**

Michael Salsbury  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**DIRECTOR**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147