

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004824

1. Entity Name

BUSINESS NETLINK, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90069 038 ****61.25

Principal Place of Business

Mailing Address

127 E ZARAGOZA ST
SUITE 206
PENSACOLA FL 32501

127 E ZARAGOZA ST
SUITE 206
PENSACOLA FL 32501-5989

2. Principal Place of Business

7282 PLANTATION RD

3. Mailing Address

7282 PLANTATION RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

USA

Zip

32504

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2666183

Applied For

Not Applicable

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

SANDFORT, SCOTT
127 E ZARAGOZA ST
SUITE 206
PENSACOLA FL 32501

Name

Michael Hoefflich

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

7282 PLANTATION RD, Suite 102

City

PENSACOLA

FL

Zip Code

32504

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

Michael A. Hoefflich

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

(NOTE: Registered Agent signature required when reinstating)

4/7/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KENNEDY, MARJORIE | |
| STREET ADDRESS | 127 E. ZARAGOZA ST., STE. 206 | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAINTER, STUART | |
| STREET ADDRESS | 121 S. PALAFOX | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOEFlich, MICHAEL | |
| STREET ADDRESS | 7282 PLANTATION RD., STE 102 | |
| CITY-ST-ZIP | PENSACOLA F 32504 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SANDFORT, SCOTT | |
| STREET ADDRESS | 127 E. ZARAGOZA ST., #206 | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ashley Harris | |
| STREET ADDRESS | 316 S. Baylen ST., Suite 100 | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | |
| TITLE | Pat Murphy | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1640 Ibis Terrace | |
| STREET ADDRESS | PENSACOLA FL 32533 | |
| CITY-ST-ZIP | | |
| TITLE | Tony Callia | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 926-BE. Conchitas St | |
| STREET ADDRESS | PENSACOLA, FL 32501 | |
| 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 | | |

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 617, 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 like empowered.

SIGNATURE:

Michael A. Hoefflich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/2000

Daytime Phone #

(850)479-3300

CR2E037 (9/99)