FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600004824 1. Entity Name					Apr 25, 2001 8:00 am Secretary of State			
BUSINES	SS NETLINK, INC.			•	04-25-2001 90059			
Principal Place	of Business	Mailing Address	<					
7282 PLANTATION RD SUITE 102 PENSACOLA FL 32504 US		7282 PLANTATION RD SUITE 102 PENSACOLA FL 32504 US		1 188111181	115 12110 31511 45111 82111 66111 KAI	i! 83 111 310 01 1 0 110 111		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THE	IS SPACE		
City & State		City & State		4. FEI Number	4. FEI Number 75-2666183 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current R	egistered Agent		7. Name and A	Address of New Registere	•		
			Name	Name				
HEFLICH, MICHAEL 7282 PLANTATION RD SUITE 102			Street Add	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) RD				
PENSACO	MATION ND SOITE 102		PENI		جر			
			City	*	F	L Zip Code	5-34	
8. The above	named entity submits this statement for	the purpose of changing its i	registered office or r	egistered agent, or both	, in the state of Florida.			
SIGNATURE _	Moderal Terring in Signature, typed or printed name of registered agent ar	1 CHAEL FERY	RAAC: Registered Agent signature	e required when reinstating)	DAT	9 <i>] ₀₁</i>		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME	D Harris, ashley	⊠ Delete	TITLE NAME	MICHAEL	FERRARO WE MILE R	☐ Change	Addition §	
STREET ADDRESS CITY-ST-ZIP	316 S BAYLES ST SUITE 100 PENSACOLA FL 32501		STREET ADDRESS CITY-ST-ZIP	_	1 FL 32		201	
TITLE NAME	D BAINTER, STUART	☐ Delete	TITLE NAME		. 10 30	Change	Addition C	
STREET ADDRESS CITY-ST-ZIP	121 S. PALAFOX		STREET ADDRESS CITY-ST-ZIP					
TITLE	PENSACOLA FL 32501 D	Delete	TITLE			☐ Change	Addition	
NAME Street address	HOEFLICH, MICHAEL 7282 PLANTATION RD., STE 102		NAME STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA F 32504		CITY-ST-ZIP					
TITLE NAME	D Murphy, pat	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	1640 IRIS TERRACE		STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32533		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME OTREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME CTRUET ADDRESS			NAME			•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that n	the exemption state ny signature shall ha	ed in Section 119.07(3)(i) ve the same legal effect), Florida Statutes. I further as if made under oath; that	certify that the ir at I am an officer	of director	

SIGNATURE: Muchael FERRARO 411910, (850) 475 4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Daylime Phone #