

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91412 047 \*\*\*\*61.25

**DOCUMENT # N96000004824**

1. Entity Name

**BUSINESS NETLINK, INC.**



Principal Place of Business

198 E NINE MILE RD  
E  
PENSACOLA FL 32534  
US

Mailing Address

198 E NINE MILE RD  
E  
PENSACOLA FL 32534  
US

**55042848**



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

**SUITE E**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2666183**

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

**FERRARO, MICHAEL**  
**198 E NINE MILE RD**  
**PENSACOLA FL 32534**

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

*Michael Ferraro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/03**

**FILE NOW: FEE IS \$81.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **FERRARO, MICHAEL**  
STREET ADDRESS **198 E NINE MILE RD**  
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **D** ☐ Change ☒ Addition  
NAME **VAN MILHEIM**  
STREET ADDRESS **945 MICHIGAN AVE STE 5C**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ Delete  
NAME **BANTER, STUART**  
STREET ADDRESS **121 S. PALAFOX**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Change ☒ Addition  
NAME **TOM DIETRICH**  
STREET ADDRESS **1110 N. 12TH AVE**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☒ Delete  
NAME **MURPHY, PAT**  
STREET ADDRESS **1640 IRIS TERRACE**  
CITY-ST-ZIP **PENSACOLA FL 32533**

TITLE **D** ☐ Change ☒ Addition  
NAME **JIM MARTIN**  
STREET ADDRESS **6877A N. 9TH AVE STE 186**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **TAMMY SPALER**  
STREET ADDRESS **816 STERLING WAY**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **CONNIE SZERZO**  
STREET ADDRESS **6135 N BLUE ANNE PHWY**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **CHRIS WASHLER**  
STREET ADDRESS **8700 RAMBLE WOOD DR**  
CITY-ST-ZIP **PENSACOLA FL 32514**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03 (850) 475-4100**

Date Daytime Phone #

CR2E037 (10/02)