

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90055 034 ***158.75

DOCUMENT # PO1000025010

1. Entity Name MiraLink Group, Inc
F/K/a BNA Group I, Inc.

DO NOT WRITE IN THIS SPACE

19510

2. Principal Place of Business 8131 Baymeadows Circle West

3. Mailing Address 8131 Baymeadows Circle West

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

65-1091551

Applied For

Not Applicable

Zip 32256

Country U.S.

Zip 32256

Country U.S.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas D. King

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

8131 Baymeadows Circle West

Suite 204

City Jacksonville

FL

Zip Code 32256

**DO NOT WRITE
IN THIS SPACE**

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

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

President

3/18/02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President / CEO
NAME Thomas D. King
STREET ADDRESS 2672 Seneca Dr
CITY-ST-ZIP Jacksonville, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President / CIO
NAME Eric Tewey
STREET ADDRESS 1953 Hawk Crest Dr.
CITY-ST-ZIP Jacksonville, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President / CFO
NAME John B. Jordan
STREET ADDRESS 12636 Shovel Creek Lane
CITY-ST-ZIP Jacksonville, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. King

3/18/02

800 725 5548

Date

Daytime Phone #

CR2E034B (12/01)