

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90183 042 \*\*\*150.00

**DOCUMENT # P98000001412**

1. Entity Name  
**AMERILINK VENTURES, INC.**



Principal Place of Business  
**385 GULFVIEW LANE  
PENSACOLA FL 32507**

Mailing Address  
**385 GULFVIEW LANE  
PENSACOLA FL 32507**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1409243**

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

**MASSEY, SHARRON BEACH  
385 GULFVIEW LANE  
PENSACOLA FL 32507**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
MASSEY, SHARRON BEACH  
385 GULFVIEW LANE  
PENSACOLA FL 32507** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/6/03**

Date

**800-469-0454**

Daytime Phone #

CR2E034 (10/02)

Attachment

P98000001412  
80051258

4609

AMERILINK VENTURES, INC.

dba/Malone Pharmacy  
P.O. BOX 221  
COVINGTON, LA 70434

BANK ONE, N.A.  
BATON ROUGE, LA 70801  
WWW.BANKONE.COM

CHECK

84-13/654

ONE HUNDRED FIFTY AND NO/100 DOLLARS

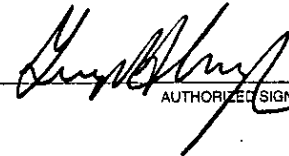
PAY  
TO THE  
ORDER OF

DATE  
01/16/03

CONTROL NO.  
0004609

AMOUNT  
\*\*\*\*\*150.00

FLORIDA DEPT OF REVENUE  
5050 WEST TENNESSEE STREET  
TALLAHASSEE FL 32399-0125



AUTHORIZED SIGNATURE

⑈004609⑈ ⑆065400137⑆ 0120011859⑈

Security features. Details on back