

# 2002 UNIFORM BUSINESS REPORT (UBR)

0459673 AV

**DOCUMENT # P00000056286**  
 1. Entity Name  
**AIRE 2000.COM, INC.**

FILED

02 JAN 31 PM 1:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**1881 FEATHER TREE CIR.  
 CLEARWATER FL 33765**

Mailing Address  
**1881 FEATHER TREE CIR.  
 CLEARWATER FL 33765**



2. Principal Place of Business  
**1301 SEMINOLE BLVD**  
 Suite, Apt. #, etc.  
**117**

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

City & State  
**LARGO, FL**

City & State  
 \_\_\_\_\_

Zip  
**33770** Country  
**PINELLAS**

Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LOVELACE, WILLIAM K ESQ.  
 401 S. LINCOLN AVE.  
 CLEARWATER FL 33758**

4. FEI Number **59-3677740** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S WADE, DEBRA</b> <b>1204 MAGDALENE GROVE AVE.</b> <b>TAMPA FL 33613</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID RENNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2715 SEVILLE BLVD 12104</b> <b>Clearwater 33765</b> <b>PRES</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JERRY RIGGIN</b> <b>3339 BRIARWOOD CIR</b> <b>SAFETY HARBOR FL 34895</b> <b>V.P.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KATHY KOURCH</b> <b>4550 47TH STREET W #709</b> <b>BRADENTON, FL 34210</b> <b>Sec/Treas</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000004926590--3</b> <b>-02/14/02--01065--006</b> <b>****450.00</b> <b>****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>AD</b>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID T. RENNER** **01-29-02** **216-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)