## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9400009813 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name AMERICA II GROUP, INC. 04-07-2000 90043 009 \*\*\*158.75 Mailing Address Principal Place of Business **O** C/O & MICHAEL POINTER. II 2500 118 AVE N. 2510 118TH AVE N ST. PETERSBURG FL 33716 81 PETERSBURG FL 33716-1919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3270107 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DINT POINTER, D. MICHAEL I Street Address (P.O. Box Number is Not Acceptable) 2500 118TH AVE N. ST. PETERSBURG FL 33716 purpose of changing its registered office or registered agent, or both, in the State of Florida. oin SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D CEO ☐ Addition **DCEO** TITLE Delete TITLE Michael Galinski GALINSKI, MICHAEL NAME NAME 2500 118th Avenue North STREET ADDRESS STREET ADDRESS 13535 FEATHER SOUND DR., STE. 327 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34662 ■ Addition ☐ Change Delete TITLE TITLE POINTER, D MICHAEL III NAME STREET ADDRESS STREET ADDRESS 2510 118TH AVE N. CITY-ST-ZIF CITY-ST-ZIE ST PETERSBURG FL 33716 - Addition Change TITLE Treasurer Del e TITLE Aris Roaers NAME 2500 11822 Avenue North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

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573-9375

Daytime Phone #