

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09862

1. Entity Name

AMERICA II ELECTRONICS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 038 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2600 118TH AVENUE NORTH ST. PETERSBURG FL 33716		C/O MICHAEL POINTER II 2510 118TH AVE N. ST. PETERSBURG FL 33716-1919 US	
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	59-2966001	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~POINTER, D. MICHAEL II
2550 118TH AVENUE NORTH
ST. PETERSBURG FL 33716~~

7. Name and Address of New Registered Agent

Name	D. Michael Pointer II		
Street Address (P.O. Box Number is Not Acceptable)			
	2510 118th Avenue North		
City	St. Petersburg	FL	33716

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALINSKI, MICHAEL B	NAME	
STREET ADDRESS	2500 118TH AVE. N.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURGS FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGEE, JAMES F	NAME	
STREET ADDRESS	2600 118TH AVE NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D POINTER, II	NAME	
STREET ADDRESS	2510 118TH AVE N.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Aria Rogers
STREET ADDRESS		STREET ADDRESS	2500 118th Avenue North
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

(727) 573-9375

CR2E034 (9/99)