

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001588

1. Entity Name

AMERICAN INTERNET NETWORK, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90291 012 \*\*\*150.00

Principal Place of Business

1100 BECK AVENUE  
PANAMA CITY FL 32401

Mailing Address

1100 BECK AVENUE  
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

8508 N. LAGOON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY BEACH FL

Zip

Country

Zip

Country

32408

US

4. FEI Number 59-3589813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIMEK, ROBERT  
355 S. OCEAN DR  
FT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name

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

City

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

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, 2001 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	C	<input type="checkbox"/> Delete
NAME	BROWN, FRANK	
STREET ADDRESS	1101 GULF BREEZE PARKWAY E108	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHIMEK, ROBERT "SKIPP"	
STREET ADDRESS	355 S OCEAN DR., #605	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	WALLY, MARK	
STREET ADDRESS	8508 N LAGOON DR	
CITY-ST-ZIP	PANAMA BEACH FL 32408	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, DAWN	
STREET ADDRESS	8508 N LAGOON DR	
CITY-ST-ZIP	PANAMA BEACH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 "1" or Block "2" 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

DAWN M. HARRIS

4/23/01

850-230-6583

Date

Daytime Phone #

CR2E034 (10/00)