

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 041 ***150.00

DOCUMENT # F00000001588

1. Entity Name

AMERICAN INTERNET NETWORK, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1651 BULEVAR MENOR

Suite, Apt. #, etc.

3. Mailing Address

1651 BULEVAR MENOR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA BEACH FL

City & State

PENSACOLA BEACH FL

4. FEI Number

59-3589813

Applied For

Not Applicable

Zip

32561-2317

Country

Zip

32561-2317

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT SHIMEK

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

355 S. OCEAN DRIVE #605

City

FT. PIERCE

FL

Zip Code

34949

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	C BROWN, FRANK 1101 GULF BREEZE PKWY #108 GULF BREEZE FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHIMEK, ROBERT "SKIP" 355 S. OCEAN DRIVE #605 FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WALLY, MARK 1651 BULEVAR MENOR PENSACOLA BEACH FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARRIS, DAWN 1651 BULEVAR MENOR PENSACOLA BEACH FL 32561-2317
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn M Harris DAWN M HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 850-916-9480

Date

Daytime Phone #