

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005421

1. Entity Name

BUSINESS INTERNET, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90005 042 ***150.00

Principal Place of Business

Mailing Address

3625 QUEEN PALM DRIVE
TAMPA FL 33619

INTERMEDIA % TAX DEPT
3625 QUEEN PALM DR
TAMPA FL 33619-1309

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1672337

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 P
NAME RUBERG, DAVID C
STREET ADDRESS 1201 PARILLA DR
CITY-ST-ZIP AVILA FL 33613 ☐ Delete

TITLE President, CEO
NAME DAVID C. Ruberg
STREET ADDRESS 16057 TAMPA Palms Blvd, W # 405
CITY-ST-ZIP TAMPA, FL 33647 ☒ Change ☐ Addition

TITLE V
NAME MANNING, ROBERT M
STREET ADDRESS 4903 LYFORD CAY RD
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPST
NAME KURLIN, PATRICIA A
STREET ADDRESS 1804 W MORRISON AVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME WALTERS, JEANNE M
STREET ADDRESS 116 ASHBROOK DR
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

2/14/00 (813) 829-0011
Date Daytime Phone #

CR2E034 (9/99)