

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005421

1. Entity Name

BUSINESS INTERNET, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90134 034 ***150.00

Principal Place of Business

3625 QUEEN PALM DRIVE
TAMPA FL 33619

Mailing Address

INTERMEDIA % TAX DEPT
3625 QUEEN PALM DR
TAMPA FL 33619

720267



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 52-1672337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 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 PCEO ☐ Delete
NAME RUBERG, DAVID C
STREET ADDRESS 16057 TAMPA PALMS BLVD 405
CITY-ST-ZIP AVILA FL

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME One Intermedia Way
STREET ADDRESS Tampa, FL 33647
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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

JEANNE M. WALTERS

Date

Daytime Phone #

CR2E034 (10/00)