

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034164

1. Entity Name
AMERINET INTERNATIONAL INC.

Principal Place of Business
154 SUE DR.
ALTAMONTE SPRINGS FL

Mailing Address
P.O. BOX 11590
DAYTONA BEACH FL 32120-1590

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90081 009 ***550.00

0107579 AT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1124 Beville Road
Suite, Apt. #, etc.
Suite G
City & State

Daytona Beach, FL
Zip
32114 Volusia

3. Mailing Address

PO Box 11590
Suite, Apt. #, etc.

Daytona Beach, FL
Zip
32120 Volusia

4. FEI Number

59-3640838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, JAMES
345 BEVILLE RD., #107
S. DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name
Geraldine M. Johnson, G.M.
Street Address (P.O. Box Number is Not Acceptable)
1124 Beville Road, Suite G
City
Daytona Beach FL Zip Code
32114

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-11-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director ☐ Delete
John Wright
PO Box 11590
Daytona Beach, FL 32120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director ☐ Delete
Steve Stafford
PO Box 11590
Daytona Beach, FL 32120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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]* Steve Stafford 9/11/01 800/244-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)