

# AMENDED AMENDED

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 MAR -1 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000001859**

1. Entity Name

**ANNAMARIA.NET, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2712 AVE B**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1727**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Holmes Beach FL**

City & State

**Anna Maria FL**

4. FR Number

**59-3688572**

Applied For

Not Applicable

Zip

**34217**

Country

**USA**

Zip

**34216**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Susan Billings**

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

**2712 AVE B**

City

**Holmes Beach**

**FL**

Zip Code

**34217**

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

**Susan D Billings** **Susan D Billings February 20, 2002**

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

(NOTE: Registered Agent signature required when reconstituting)

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

**P/D**  
**DAVID BILLINGS**  
**2712 AVE B**  
**Holmes Beach, FL 34217**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S/T/D**  
**SUSAN BILLINGS**  
**2712 AVE B**  
**Holmes Beach, FL 34217**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**  
**BEN BENSTEIN**  
**P.O. Box 81**  
**WRENS, GA 30833**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**  
**KELLY Zimmer**  
**3412 36th STREET WEST**  
**BRADENTON, FL 34205**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE  
IN THIS SPACE**

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

**Susan Billings** **Susan Billings** **2/20/02 (941) 779-9183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)