

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90116 010 ***158.75

DOCUMENT # **P01000024562**

1. Entity Name

American Academic Network, Inc.

#P01000024562

DO NOT WRITE IN THIS SPACE

635691

2. Principal Place of Business

2614 D Pine Lake Terrace

3. Mailing Address

244 Shopping Ave #218

Suite, Apt. #, etc.

c/o Nancy Raynor

Suite, Apt. #, etc.

c/o Nancy Raynor

City & State

Sarasota

City & State

Sarasota FL

4. FEI Number

65-1081820

Applied For

☐ Not Applicable

Zip

34237

Country

USA

Zip

34237-7125

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Nancy P. Raynor

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

2614 D Pine Lake Terrace

City

Sarasota

FL

Zip Code

34237

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

Nancy P. Raynor President

3/30/02

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

**President
Nancy P. Raynor
2614 D Pine Lake Terrace
Sarasota FL 34237-7125**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

**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: **Nancy P. Raynor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/30/02

Date

941-954-0601

Daytime Phone #

CR2E034B (12/01)