

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

FILED

DOCUMENT # 1. Entity Name  
*10100018347*  
**AMERICAN INSURANCE INTERNATIONAL, INC.**

02 NOV 13 PM 3:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*8550 ULMerton Rd.*  
 Suite, Apt. #, etc. *Suite F 200*  
 City & State *Largo, Fla. 33777*  
 Zip *33771* Country *Pinellas*

3. Mailing Address  
*P.O. Box 86383*  
 Suite, Apt. #, etc.  
 City & State *MADEIRA BEACH, FL*  
 Zip *33738* Country *Pinellas*

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-3756511-200612*  
 Applied For  Not Applicable

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 *Andrew Helminollen*  
 Street Address (P.O. Box Number is Not Acceptable) *8550 ULMerton Rd.*  
 City *Largo* FL Zip Code *33771*

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)

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	<i>P Andrew Helminollen P.O. Box 86383 Madeira Bch, Fla. 33738</i>
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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: *Andrew Helminollen* Date *10/15/02* Daytime Phone # *727-510-5977*

CR2E034B (12/01)

*11/15/02*

**American Insurance International, Inc.** PO Box 86383 Madeira Beach, Fl 33738 Telephone 727-510-5977

10-25-02

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

*Dear Sir or Madam:*

Please be advised that we did not receive previous notices.

Thank you for your time.

*Sincerely,*  
*Andrew Helmtoller*

Andrew Helmtoller  
President