

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

FILED

DOCUMENT # 10100018377
1. Entity Name
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	<u>P Andrew Helminollen</u> <u>P.O. Box 86383</u> <u>MADEIRA BEACH, Fla. 33738</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900008947839</u> <u>11/13/02--01016--011 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Andrew Helminollen Date 10/15/02 Daytime Phone # 727-510-5977

CR2E034B (12/01)

10/15/02

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