2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000117548

1. Entity Name AIM INC



Apr 23, 2003 8:00 am & Secretary of State

, and			7			
Principal Place of Business 401 NE 2ND AVE #7	Mailing Address 401 NE 2ND AVE #7					
DELRAY BCH FL 33444	DELRAY BCH FL 33444					
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2. Principal Place of Business	3. Mailing Address		a ubunugat cit anane tinut antit antit antit untah tilah	t til a ti t aaati a ttit t	tions tost 1801	
1101 S PALMWAY		MWAT				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	G CHANGES		_
City & State LAKE WORTH, FL	City & State LAKE Work	LTH, PL	4. FEI Number 01-0553134	<u> </u>	pplied For at Applicable	
Zip 33460 Country PAin	zip 33.460	Country PALM BRACK	5. Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current F	<u> </u>		7. Name and Address of New Registered	Agent		1
		Name 13.5	BEAVER GEORGE A III			
BEAVER, GEORGE A III			s (P.O. Box Number is Not Acceptable)			1
401 NE 2ND AVE #7						-
DELRAY BCH FL 33444		101	S. PALMWAT			
		City	KE WORTH FI	Zip Code	60	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.	D . TT	P. X	1 B. The	1001	,	
SIGNATURE CFOPUL A, Signature, typed or printed name of registered agent ar	nd title if applicable . (NOTE: R	Registered Agent signature requi	red when reinstating) DATE	118/04	5	
FILE NOW!!! FEE IS \$150.00						1
After May 1, 2003 Fee will be \$550.00			Section Campaign Financing Trust Fund Contribution.	\$5.0 □ Added	0 May Be	
Make Check Payable to Florida Department of	State		Traditional Continuous		. 10 1 000	
10. OFFICERS AND D						1
TITLE D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS		1 =
	DIRECTORS Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS Change	S IN 11	100/
BEAVER, GEORGE A III		TITLE .	ADDITIONS/CHANGES TO OFFICERS AN			(10/05)
STREET ADDRESS 401 NE 2ND AVE #7		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN			034 (10/02)
STREET ADDRESS CITY-ST-ZIP 401 NE 2ND AVE #7 DELRAY BCH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Change	☐ Addition	R2E034 (10/02)
STREET ADDRESS CITY-ST-ZIP TITLE 401 NE 2ND AVE #7 DELRAY BCH FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS AN			CR2E034 (10/02)
STREET ADDRESS CITY-ST-ZIP 401 NE 2ND AVE #7 DELRAY BCH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Change	☐ Addition	CR2E034 (10/02)
STREET ADDRESS CITY-ST-ZIP TITLE NAME 401 NE 2ND AVE #7 DELRAY BCH FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AN	Change	☐ Addition	CR2F034 (10/02)
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. GEORGE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition