

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089799

1. Entity Name

INTERNET ACCESS GROUP, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90044 017 ***150.00

Principal Place of Business

SUITE 2167
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 162625
ALTAMONTE SPRINGS FL 32716-2625

2. Principal Place of Business

801 W SR 436

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3293720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEIMAN, NEIL M
121 CROWN POINT CIRCLE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name JOHN F. UNKEFER

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

1270 VIA LUGANO

City WINTER PARK

FL

Zip 32789

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

JOHN F. UNKEFER, PRESIDENT 3/14/2000

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P ☒ Delete
NAME PEIMAN, NEIL M
STREET ADDRESS PO BOX 163211
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JOHN UNKEFER
STREET ADDRESS 1270 VIA LUGANO
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS SHERILL DMLAY
CITY-ST-ZIP ONEMAIN.COM
SUITE # 200

TITLE ☐ Change ☒ Addition
NAME 1860 MICHAEL FARADAY
STREET ADDRESS RESTON, VA 20190
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. UNKEFER

3/14/2000

Date

Daytime Phone #

407-786-9703

CR2F034 (9/99)