

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2000 90044 017 ***150.00

DOCUMENT # P94000089799

1. Entity Name

INTERNET ACCESS GROUP, INC.

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.
SUITE # 2167

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country

Zip

Country

4. FEI Number **59-3293720**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **JOHN F. UNKEFER, PRESIDENT** 3/14/2000
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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P			<input checked="" type="checkbox"/>
	PEIMAN, NEIL M	PO BOX 163211	ALTAMONTE SPRINGS FL 32716	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	JOHN UNKEFER	1270 VIA LUGANO	WINTER PARK, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	SHERRILL DMLAY	ONEMAIN.COM	SUITE # 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **JOHN UNKEFER** 3/14/2000 407-786-9703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)