

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000088886**1. Entity Name
INTERNET ASSISTED INTERNATIONAL INVESTIGATION, INC.

Principal Place of Business	Mailing Address
3717 SOUTH DIXIE HIGHWAY, SUITE 1	3717 SOUTH DIXIE HIGHWAY, SUITE 1
WEST PALM BEACH FL 33405	WEST PALM BEACH FL 33405

2. Principal Place of Business	3. Mailing Address
116 ARLINGTON PLACE	116 ARLINGTON PLACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1	SUITE 1

City & State	City & State
WEST PALM BEACH FL	WEST PALM BEACH FL

Zip	Country	Zip	Country
334055006	US	334055006	US

4. FEI Number	Applied For
65-0702777	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 AgentPIETSCH KENT L
3717 S DIXIE HWY
STE # 1
WEST PALM BEACH FL
334052229 US**7. Name and Address of New Registered Agent**Name
PIETSCH KENT L
Street Address (P.O. Box Number is Not Acceptable)
116 ARLINGTON PLACE
SUITE 1
City
WEST PALM BEACH FL Zip Code
334055006

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 _____ 02/10/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PIETSCH KENT L	
STREET ADDRESS	3717 SOUTH DIXIE HIGHWAY, SUITE 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETSCH KENT L	
STREET ADDRESS	116 ARLINGTON PLACE, SUITE 1	
CITY-ST-ZIP	WEST PALM BEACH FL 334055006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: KENT L PIETSCH

P

02/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)