2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000062841** May 02, 2000 8:00 am Secretary of State 1. Entity Name INTERNET-PI.COM. CORPORATION 05-02-2000 90039 025 ***150.00 Mailing Address Principal Place of Business 6401 S WESTSHORE BLVD 6401 S WESTSHORE BLVD **SUITE #616** SUITE #616 TAMPA FL 33616-1387 TAMPA FL 33616-1387 2. Principal Place of Business 3. Mailing Address 13608 S, VILLAGE DELINE 13608 S. V. VIAGE DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 7205 7205 City & State City & State Applied For 4. FFI Number 65-0769887 TAMPA, IFL JAMPA, FL Not Applicable Zip --33624 - 4378 Country \$8.75 Additional 5. Certificate of Status Desired 32624-4378 45.6 Fee Required U5-13 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENSEL, WILLIAM UI HENSEL, WILLIAM U IV Street Address (P.O. Box Number is Not Acceptable) 6401 S WESTSHORE BLVD **SUITE #616** 5 nte 7205 **TAMPA FL 33616** TAM PA 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **Delete** TITLE Addition TITLE HENSEL, WILLIAM #7205 TIDMORE, SIGRID NAME NAME STREET ADDRESS STREET ADDRESS 3809 W. CORONA ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TAMPA, FL 33624-4878 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 mpil 2000

913 914 - 3153

Daytime Phone