

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107963

1. Entity Name

INTERNET AMERICA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90050 038 ***150.00

Principal Place of Business

8775 S.W. 144TH STREET
 MIAMI FL 33176

Mailing Address

8775 S.W. 144TH STREET
 MIAMI FL 33176-7216

2. Principal Place of Business

32 Shore Drive North

Suite, Apt. #, etc.

3. Mailing Address

32 Shore Drive North

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

US

Zip

33133

Country

US

4. FEI Number

65-0823574

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

7. Name and Address of New Registered Agent

BAXTER, ROBERT A
 8775 S.W. 144TH STREET
 MIAMI FL 33176

Name

Robert A. Baxter

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

32 Shore Drive North

City

Miami

FL

Zip Code

33133

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME BAXTER, ROBERT A
 STREET ADDRESS 8775 S.W. 144TH STREET
 CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D
 NAME Baxter, Robert A.
 STREET ADDRESS 32 Shore Drive North
 CITY-ST-ZIP Miami, FL 33133 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

Date

4-27-00

Daytime Phone #

305-742-3653

CR2E034 (9/99)