

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 13, 2000 8:00 am
Secretary of State

06-08-2000 90445 042 ***150.00

DOCUMENT # P98000081177 ✓
1. Entity Name Internet Acquisitions, Inc. R

Principal Place of Business 1343 main Street
Suite 200
Sarasota, FL 34236
Mailing Address P.O. Box 1722
Sarasota, FL 34230

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0926056 **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
George J. Straschnoy
27 Fletcher Ave.
Sarasota, FL 34237

7. Name and Address of New Registered Agent
Name Steven King
Street Address 250 Bearded Oaks Drive
City Sarasota **FL** **Zip Code** 34232

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. (See extension attached 5-19-00)

SIGNATURE Steven King Board Chairman
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** 5-19-00

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution

11. OFFICERS AND DIRECTORS ☐ Delete **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11** ☐ Change ☐ Addition

TITLE Director NAME Steven King STREET ADDRESS 250 Bearded Oaks Drive CITY-ST-ZIP Sarasota, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Director NAME George Straschnoy STREET ADDRESS 27 Fletcher Avenue CITY-ST-ZIP Sarasota, FL 34237	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Steven King ATK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** 5-19-00 **Daytime Phone #** 941-330-1598

CR2E034 (9/99)