

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90094 009 ***150.00

DOCUMENT # P98000092881

1. Entity Name
INTERNEXX, INC.

Principal Place of Business Mailing Address
905 EAST MARTIN LUTHER KING JR DR SUITE #480 TARPON SPRINGS FL 34689 US



2. Principal Place of Business **JR-DR**
905 E. MARTIN LUTHER KING JR DR SUITE # 400
 City & State **TARPON SPRINGS, FL 34689**
 Zip **34689** Country **USA**

3. ~~Principal Place of Business~~
~~905 E. MARTIN LUTHER KING JR DR~~
~~SUITE # 480~~
 City & State ~~TARPON SPRINGS, FL~~
 Zip ~~34689~~ Country ~~USA~~

4. FEI Number **APPLIED FOR**
59-3572829

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SWAN, ROBERT H
905 E. MARTIN LUTHER KING JR. DR.
SUITE 300
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 Name **SWAN, ROBERT H.**
 Street Address (P.O. Box Number is Not Acceptable) **905 E. MARTIN LUTHER KING JR. DR.**
SUITE 400
 City **TARPON SPRINGS** FL Zip Code **34689**

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 _____ (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	CP	<input type="checkbox"/> Delete
NAME	SWAN, ROBERT H	
STREET ADDRESS	905 E MLK JR DR, STE #480	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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		<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
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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: Robert H. Swan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/00 Daytime Phone #: 727-942-3611

CR2E034 (9/99)