


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 048 ***150.00

DOCUMENT # P98000092881
1. Entity Name
INTERNEXX, INC.



DO NOT WRITE IN THIS SPACE

90119988

2. Principal Place of Business <u>905 E. M.L. KING JR. DR.</u> Suite, Apt. #, etc. <u># 370</u>		3. Mailing Address <u>(SAME)</u> Suite, Apt. #, etc.		4. FEI Number <u>59-3572629</u>		Applied For <input type="checkbox"/> Not Applicable	
City & State <u>TARPON SPRINGS, FL.</u>		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
Zip <u>34689</u>	Country <u>USA</u>	Zip	Country				

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name ROBERT H. SWAN
Street Address (P.O. Box Number is Not Acceptable)
905 E. M.L. KING JR. DR.
370
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.T.S. D.C</u> <u>ROBERT H. SWAN</u> <u>905 E. M.L. KING JR. DR., #370</u> <u>TARPON SPRINGS, FL. 34689</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Swan ROBERT H. SWAN Date 4/27/03 Daytime Phone # 727-942-3611

CR2ED34B (12/02)