

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90377 028 \*\*\*150.00

DOCUMENT # P99000028744  
 1. Entity Name  
AMERICA, COM, INC ✓

Principal Place of Business Mailing Address  
9043 HARBOR ISLE  
WINDERMERE, FL 34786

2. Principal Place of Business 3. Mailing Address  
9043 HARBOR ISLE 9043 HARBOR ISLE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
WINDERMERE, FL WINDERMERE FL  
 Zip Country Zip Country  
34786 USA 34786 USA

4. FEI Number Applied For  
59-3701640  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

00056074

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
BARRY ENGEL  
1250 SOUTH HIGHWAY 17-92  
LONG WOOD, FL 32750

7. Name and Address of New Registered Agent  
 Name N/A  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>FLAIRE BECKER</u> <u>9043 HARBOR ISLE</u> <u>WINDERMERE, FL 34786</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VIC PRESIDENT</u> <u>IRVING BECKER</u> <u>9043 HARBOR ISLE</u> <u>WINDERMERE FLA</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>FLAIRE BECKER</u> <u>9043 HARBOR ISLE</u> <u>WINDERMERE, FL 34786</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 whom I am empowered.

SIGNATURE: Irving Becker 4/28/01 904-1477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)