2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 20, 2001 8:00 am
Secretary of State
05-03-2001 90931 017 ***150.00

DOCUMENT # P99000032120

1. Entity Name

A1A ONLINE, INC.

Principal Place of Business	Mailing Address
3335W 63rd Street Ocean Marathon, FL 33050	3335W 63rd Street 30cean Marathon, FL 33050

[redacted]

75044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2975 Overseas Highway	P.O. Box 500363
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon, FL	City & State: Marathon, FL
Zip: 33050 — Country: USA	Zip: 33050 — Country: USA

4. FEI Number: 65-0942247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Heffernan, William Jr.,,Jr.
2976 Overseas Highway
Marathon, FL 33050

7. Name and Address of New Registered Agent

Name

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Martin, KS Shylon Post Office Box 500363 Marathon, FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S Erik Dattwyler Post Office Box 500363 Marathon, FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: KS Shylon Martin 4/23/0100 (305)743-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #