

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90091 033 ***150.00

DOCUMENT # P99000053615

1. Entity Name

AISLENINE.COM, INC.

Principal Place of Business

Mailing Address

123 S WASHINGTON BLVD
 SARASOTA FL 34236

523 S WASHINGTON BLVD
 SARASOTA FL 34236-7104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3905 S. SHADE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

4. FEI Number

65-0993540

Applied For

Not Applicable

34231

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, DAVID S
523 S WASHINGTON BLVD
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

1800 Second Street, Suite 700

34236

City **Sarasota**

FL

34236

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Delete
 NAME **RICHARD RAMSAY**
 STREET ADDRESS **362 MEADOW RIDGE DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD RAMSAY

4/28/00
 Date

850 508 5181
 Daytime Phone #

CR2E034 (9/99)