Apr 25 01 12:05p Jim Strong 904

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90127 012 ***150.00

DOCUMENT # P99000057258

1. Entity Name

AIAS INC.

NC 08/23/2000 ✓ (TK)

Principal Place of Business	Mailing Address
P O BOX 291865 SOUTH DAYTONA FL 32129	P O BOX 291865 SOUTH DAYTONA FL 32129

A00010[illegible]

2. Principal Place of Business	3. Mailing Address
254 CR 427 SOUTH	254 CR 427 SOUTH
Suite, Apt. #, etc.: SUITE 223	Suite, Apt. #, etc.: SUITE 223
City & State: LONGWOOD FL	City & State: LONGWOOD FL
Zip: 32750 Country:	Zip: 32750 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, KRIS
P O BOX 291865
SOUTH DAYTONA FL 32129

7. Name and Address of New Registered Agent

Name

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

254 CR 427 SOUTH SUITE 223

City LONGWOOD FL Zip Code 32750

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

9. This corporation is eligible to satisfy its Intangible Tax Return requirement and elects to do so. (See criteria on back) ☒

FILE BEFORE MAY 1, 2001 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, KRIS P O BOX 291865 SOUTH DAYTONA FL 32119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, KRIS 254 CR 427 SOUTH SUITE 223 LONGWOOD FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Kris H. Anderson 4/25/01