

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073715

1. Entity Name
AMERICAN ONLINE TRADING, INC.

Principal Place of Business
852 1ST AVE S
NAPLES FL 34103

Mailing Address
852 1ST AVE S
NAPLES FL 34103

2. Principal Place of Business
3033 Riviera Drive

3. Mailing Address
3033 Riviera Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

Naples, FL

City & State

Naples, FL

Zip
34103

Country
USA

Zip
34103

Country
USA

6. Name and Address of Current Registered Agent

BIGGS, ROBERT J
852 1ST AVE S
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name		Applied For
Street Address (P.O. Box Number is Not Acceptable)		Not Applicable
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

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, 2002 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 BIGGS, ROBERT J 852 1ST AVE S NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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:

Robert J. Biggs, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

941 403 3906

Date

Daytime Phone #