

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2000 90075 041 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

AMERICAN INTERNET CORPORATION

999000092078

Principal Place of Business

100 E LINTON BLVD  
 SUITE 135A  
 DELRAY BEACH, FL 33483

Mailing Address

100 E LINTON BLVD  
 SUITE 135A  
 DELRAY BEACH, FL 33483

2. Principal Place of Business

100 E LINTON BLVD  
 Suite, Apt. #, etc.  
 SUITE 135A

3. Mailing Address

100 E LINTON BLVD  
 Suite, Apt. #, etc.  
 SUITE 135A

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number



Applied For

Not Applicable

Zip  
 33483

Country  
 US

Zip  
 33483

Country  
 US

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT G WILLIAMS, JR  
 100 E LINTON BLVD, SUITE 135A  
 DELRAY BEACH, FL 33483

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.

ROBERT G WILLIAMS, JR

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

27 APRIL 2000

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

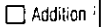


TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

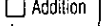
TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



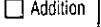
TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP



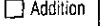
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 CITY-ST-ZIP



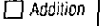
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



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 G WILLIAMS, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 2000

Date

561-266-0595

Daytime Phone #