

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90026 006 ***158.75

DOCUMENT # V65830

1. Entity Name

AI NET, INC.

Principal Place of Business

Mailing Address

602 COURTLAND ST.
 STE 400
 ORLANDO FL 32804
 US

602 COURTLAND ST.
 STE 400
 ORLANDO FL 32804-1342
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3145074**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKSON, GARY
WILDER & BERKSON
1132 SYMONDS AVE
WINTER PARK FL 32789

Name **Steve Epstein**
 Street Address (P.O. Box Number is Not Acceptable)
602 Courtland St.
Suite 400
 City **Orlando** FL **32804**

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 **Steve Epstein, President**

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	C	☒ Delete
NAME	JERNIGAN, DONALD L.	
STREET ADDRESS	602 COURTLAND ST. STE 400	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	GARRETT, PAUL	
STREET ADDRESS	602 COURTLAND ST STE 400	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VC	☐ Delete
NAME	EPSTEIN, STEVEN M	
STREET ADDRESS	602 COURTLAND ST SUITE 400	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	☐ Delete
NAME	SHAW, TERRY	
STREET ADDRESS	601 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ Delete
NAME	LEE, DIANE J	
STREET ADDRESS	602 COURTLAND ST., STE. 400	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	☐ Delete
NAME	SIMMONS, JOHN M	
STREET ADDRESS	602 COURTLAND ST. STE 400	
CITY-ST-ZIP	ORLANDO FL	

TITLE	C	☒ Change ☒ Addition
NAME	Mardian J. Blair	
STREET ADDRESS	602 Courtland St. Suite 400	
CITY-ST-ZIP	Orlando, FL	
TITLE	D	☐ Change ☒ Addition
NAME	Donald L. Jernigan	
STREET ADDRESS	602 Courtland St. Suite 400	
CITY-ST-ZIP	Orlando FL	
TITLE	D	☐ Change ☒ Addition
NAME	Vincent Brown	
STREET ADDRESS	602 Courtland St. Suite 400	
CITY-ST-ZIP	Orlando FL	
TITLE	D	☐ Change ☒ Addition
NAME	Robert Holmen	
STREET ADDRESS	602 Courtland St. Suite 400	
CITY-ST-ZIP	Orlando FL	
TITLE	SD	☒ Change ☐ Addition
NAME	Lee, Diane	
STREET ADDRESS	602 Courtland St. Suite 400	
CITY-ST-ZIP	Orlando FL 32804	
TITLE		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.644.5011

CR2E034 (9/99)