

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 20, 2001 8:00 am
Secretary of State

05-03-2001 90931 017 ***150.00

DOCUMENT # P99000032120

1. Entity Name

AIA ONLINE, INC.



Principal Place of Business 3335W 63rd Street, Ocean Marathon, FL 33050	Mailing Address 3335W 63rd Street, Ocean Marathon, FL 33050
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75044

2. Principal Place of Business 2975 Overseas Highway Suite, Apt. #, etc.	3. Mailing Address P.O. Box 500363 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Marathon, FL	City & State Marathon, FL	4. FEI Number 05-0942247	Applied For Not Applicable
Zip 33050	Country USA	Zip 33050	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Heffernan, William J., Jr. 2976 Overseas Highway Marathon, FL 33050	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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, 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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Martin, K\$ Shylon Post Office Box 500363 Marathon, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S Erik Dattwyler Post Office Box 500363 Marathon, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (11/00)

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: *K\$ Shylon Martin* K\$ Shylon Martin 4/23/0100 (305) 743-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR