

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90330 043 ***158.75

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DOCUMENT # P94000056277

1. Entity Name
INFINITEL, INC.

Principal Place of Business
**240 S. PINEAPPLE AVE.
 STE. 855
 SARASOTA FL 34236
 US**

Mailing Address
**P.O. BOX 49528
 SARASOTA FL 34230
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1999 Lincoln Drive

3. Mailing Address

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State

4. FEI Number
65-0532835

Applied For
 Not Applicable

Zip Country
34236 USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALKIN, JOHN C
~~240 SOUTH PINEAPPLE AVENUE SUITE 855~~ **change of address only**
SARASOTA FL 34236

Name
Malkin, John C

Street Address (P.O. Box Number is Not Acceptable)
1999 Lincoln Drive

Suite 101

City **Sarasota, FL** Zip Code **34236**

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 **2/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	MALKIN, JOHN C 240 SOUTH PINEAPPLE AVENUE SUITE 855 SARASOTA FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	MALKIN, ROBERT A 240 S. PINEAPPLE AVE., STE. 855 SARASOTA FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1999 Lincoln Drive, Suite #101 Sarasota, FL 34236
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1999 Lincoln Drive, Suite #101 Sarasota, FL 34236
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **J. Christopher Malkin, Vice President** 2/25/02 (941) 366-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)