

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90086 016 \*\*\*150.00

**DOCUMENT # P97000047880**

**1. Entity Name**  
**INFRARED ASSOCIATES, INC.**

**Principal Place of Business**  
**2851 SE MONROE ST.**  
**STUART FL 34997**

**Mailing Address**  
**2851 SE MONROE ST.**  
**STUART FL 34997**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0758654**

Applied For

Not Applicable

Zip

Country

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**

**KUDMAN, HARRY**  
**13709 RIVOLI DR.**  
**PALM BEACH GARDENS FL 33410**

Name

**Irwin Kudman**

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

**100 Worth Avenue**

City

**Palm Beach**

**FL**

Zip Code  
**33480**

**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** *Irwin Kudman*  
 Signature typed or printed name of registered agent and title if applicable.

**Irwin Kudman**

(NOTE: Registered Agent signature required when reinstating)

**2/4/02**  
 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** **ST** ☒ Delete  
**NAME** **KUDMAN, HARRY**  
**STREET ADDRESS** **13709 RIVOLI DRIVE.**  
**CITY-ST-ZIP** **PALM BEACH GARDENS FL 33410**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **P** ☐ Delete  
**NAME** **KUDMAN, IRWIN**  
**STREET ADDRESS** **714 WINDERMERE WAY**  
**CITY-ST-ZIP** **PALM BEACH GARDENS FL 33410**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **100 Worth Avenue**  
**CITY-ST-ZIP** **Palm Beach, FL 33480**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
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**TITLE** ☐ Delete  
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**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:** *Irwin Kudman* **Irwin Kudman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/4/02 (561) 223-6670**

CR2E034 (9/01)