## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P97000097881** 1. Entity Name INFINITE SERVICES BY JARRET LASKER AND PATRICK K 04-10-2000 90169 016 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 1504 4127 WHITING DRIVE S.E. ST PETERSBURG FL 33705 ST PETERSBURG FL 33731-1504 635135 2. Principal Place of Business Mailing Address 3225 15Th O. Box Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3511221 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 704 U.S. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRIEBEL, PATRICK Street Address (P.O. Box Number is Not Acceptable) 4127 WHITING DRIVE S.E. ST PETERSBURG FL 33705 Zip Code 33 73/ 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. tered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible... FILE NOW!!! FEE.IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. gartner TITLE ☐ Delete TITLE Addition Tarret Lasker 3005 15th St. N. LASKER, JARRET NAME NAME STREET ADDRESS 4127 WHITING DRIVE S.E. STREET ADDRESS 54- Pete, Pr. 33764 CITY-ST-ZIP CITY-ST-ZIF ST. PETERSBURG FL 33705 Change Delete TITLE ☐ Addition TITI F KRIEBEL, PATRICK patrick Kriebel NAME NAME 3225 15th St. N. STREET ADDRESS 4127 WHITING DRIVE S.E. STREET ADDRESS 51. Pete. Fr. 33704 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change DILE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

<u>U-U-CO</u>

Date

(727) 432-226/

Daytime Phone #