

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90123 043 ***150.00

DOCUMENT # P99000102510

1. Entity Name
INFINITE RECORDS, INC.

Principal Place of Business

~~227 N MAGNOLIA AVE. SUITE 100~~
~~ORLANDO FL 32801~~

Mailing Address

~~P.O. BOX 180005~~
~~CASSELBERRY FL 32718-0895~~

2. Principal Place of Business

911 PINE ST

3. Mailing Address

911 PINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FERN PARK, FL

City & State

FERN PARK, FL

Zip

32730

Country

Zip

32730-2068

Country

4. FEI Number

59-3610958

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

OWEN, RICHARD B
5250 S US HWY 17-92
CASSELBERRY FL 32718-0895

7. Name and Address of New Registered Agent

Name **RICHARD B. OWEN, JR.**

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

City **FERN PARK**

FL

Zip Code **32730-2068**

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 *Richard B Owen Jr*
Signature, typed or printed name of registered agent and title if applicable.

RICHARD B. OWEN, JR.

01/10/02

(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, 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

TITLE **DP** ☐ Delete
NAME **REYES, CHARLES**
STREET ADDRESS ~~800 PARK LAKE PL~~
CITY-ST-ZIP ~~MAITLAND FL 32751~~

TITLE **DV** ☐ Delete
NAME **OWEN, RICHARD B JR**
STREET ADDRESS **904 SPRING VALLEY RD**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714-6517**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **1209 CROSSFIELD DR**
STREET ADDRESS **APOPKA, FL**
CITY-ST-ZIP **32703**

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

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

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

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: *Charles Reyes* **CHARLES REYES, PRES** **01/10/02** **407-260-9550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)