

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93591 026 ***550.00

DOCUMENT # F01000004823

1. Entity Name
INFRASAFE, INC.

Principal Place of Business
6101 LAKE ELENOR DRIVE
ORLANDO FL 32809

Mailing Address
6101 LAKE ELENOR DRIVE
ORLANDO FL 32809



2. Principal Place of Business

1707 Orlando Central Pkwy

3. Mailing Address

1707 Orlando Central Pkwy

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32809

Country

Zip

32809

Country

4. FEI Number

59-3691199

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

FLEMMING, H. TODD
610 LAKE ELLENOR DR.
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

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

1707 Orlando Central Parkway, Suite 350

City

Orlando

FL

Zip Code

32809

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

H. Todd H
 Signature, typed or printed name of registered agent and title if applicable.

(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 **PD** ☐ Delete
 NAME **FLEMMING, H. TODD**
 STREET ADDRESS **6101 LAKE ELLENOR DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ Delete
 NAME **CLIFTON JR, RICHARD N**
 STREET ADDRESS **6101 LAKE ELLENOR DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
 NAME **VALEIRAS, CARLOS F**
 STREET ADDRESS **99 CANAL CENTER PLAZA #220**
 CITY-ST-ZIP **ALEXANDRIA VA**

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 **1707 Orlando Central Pkwy**
 STREET ADDRESS **Suite 350**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **1707 Orlando Central Pkwy**
 STREET ADDRESS **Suite 350**
 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)