

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90143 046 ***158.75

DOCUMENT # F01000005348

1. Entity Name

INFINITE PHOTONICS, INC.

Principal Place of Business

**12656 RESEARCH PARKWAY, SUITE 300
 ORLANDO FL 32726**

Mailing Address

**12656 RESEARCH PARKWAY, SUITE 300
 ORLANDO FL 32726**

2. Principal Place of Business

3259 Progress Drive

3. Mailing Address

3259 Progress Drive

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32826

Country

USA

Zip

32826

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3788356

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GARREAU, BRUCE J

**12565 RESEARCH PARKWAY, SUITE 300
 ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **C** ☐ Delete
 NAME **BROCKMYRE, CLIFFORD G**
 STREET ADDRESS **2364 POST ROAD**
 CITY-ST-ZIP **WARWICK RI 02886**

TITLE **D** ☐ Delete
 NAME **SMITH, WILLIAM S ESQ.**
 STREET ADDRESS **50 METHODIST HILL DRIVE, SUITE 1300**
 CITY-ST-ZIP **ROCHESTER NY 14623**

TITLE **D** ☐ Delete
 NAME **CORRIDAN, BRIAN Q**
 STREET ADDRESS **1365 MAIN STREET, SUITE 300**
 CITY-ST-ZIP **SPRINGFIELD MA 01103**

TITLE **D** ☒ Delete
 NAME **LYONS, WILLIAM G III**
 STREET ADDRESS **1500 MAIN STREET, SUITE 2410**
 CITY-ST-ZIP **SPRINGFIELD MA 01103**

TITLE **P** ☐ Delete
 NAME **BULLINGTON, JEFF A**
 STREET ADDRESS **12565 RESEARCH PARKWAY, SUITE 300**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **VT** ☐ Delete
 NAME **GARREAU, BRUCE J**
 STREET ADDRESS **12656 RESEARCH PARKWAY, SUITE 300**
 CITY-ST-ZIP **ORLANDO FL 32726**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

CR2E034 (9/01)

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

4/17/2002

Date

321-235-0307

Daytime Phone #