

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J43041

1. Entity Name

INFOSOURCE, INC.

Principal Place of Business

6947 UNIVERSITY BLVD
WINTER PARK FL 32792
US

Mailing Address

6953 UNIVERSITY BLVD.
WINTER PARK FL 32792-6710
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2336346

Applied For

Not Applicable

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

WARRNER, THOMAS W
6953 UNIVERSITY BLVD.
WINTER PARK FL 32792

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WARRNER, THOMAS 713 IRONWOOD CT. WINTER SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPF O'REILLY, LINDA 2283 WESTMINSTER TERR OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD KLUSSON, TIMOTHY J 8505 MILANO DR. # 1824 ORLANDO FL 32810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDD MEORBY, PAUL 3700 BEAN TREE PLACE OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Klasson, Timothy J 906 Kim Court Winter Springs, FL 32708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moorby, Paul 3700 Becon Tree Place Oviedo, FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hutton, Mark 23 Polstead Rd Oxford, UK	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olivier, Rene 61 Southmoor Rd. Oxford, UK	☐ Change ☒ Addition

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

3/17/00 (407) 677-0300

Date

Daytime Phone #

FILED
Aug 17, 2000 8:00 am
Secretary of State

03-21-2000 90047 050 ***150.00



DO NOT WRITE IN THIS SPACE

Doc # J413041
309240

Z 203 268 453

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
DIVISION OF CORP. UNIFORM BUS RPT	
Street & Number	
P.O. BOX 1520	
Post Office, State, & ZIP Code	
TALLAHASSEE FL 32302-1520	
Postage	\$ 33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom Date, & Addressee, Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	

PS Form 3800, April 1995

MAR 17 2000
TALLAHASSEE FL 32302-1520

Attachment

43041
309240

**2000 Uniform Business Report
Division of Corporations**

**InfoSource, Inc.
6953 University Boulevard
Winter Park, FL 32792
FEI # 59-2336346**

BOX 12 Additions:

**Paul Poyfair
14951 N. Dallas Parkway
Dallas, TX 75247
Director**

**Jeff Dill
14951 N. Dallas Parkway
Dallas, TX 75247
Director**

Vendor ID
(FLOR006)
Invoice No.
1122

Vendor Name
FLORIDA DEPARTMENT OF STATE
Date
3/15/00 PO#
1122

Date
March 17, 2000
Description

Document No.
012773

Amount
\$150.00

\$150.00

TOTAL:



InfoSource, Inc.
6953 University Boulevard
Winter Park, FL 32792

SunTrust
Mail Code FL-Winter Park-0715
P.O. Box 628096
Orlando, FL 32897-0715

012773
063102152

DATE
March 17, 2000

AMOUNT
\$150.00

One Hundred Fifty Dollars And 00 Cents

PAY TO THE ORDER OF

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 322302

012773:063102152:0776776205906