

2001 UNIFORM BUSINESS REPORT (UBR)

0012488 AF

DOCUMENT # L00000012189

1. Entity Name

INFOGENERATOR SYSTEMS, L.L.C.

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1400 VILLAGE BLVD., SUITE 516
WEST PALM BEACH FL 33409

Mailing Address

1119 S.E. 3RD AVENUE
C/O TIFFANY LANIER, Esq
FORT LAUDERDALE FL 33316

2. Principal Place of Business

P.O. Box 222116

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

Country

33422

USA

Zip

Country

4. FEI Number

65-0973489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S

1177 S.E. 3RD AVENUE

FORT LAUDERDALE FL 33316

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CEO
chad Dechard
P.O. Box 222116
West Palm Beach, FL 33422

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VP - marketing
Janie Hall
223 4th Avenue North
Kenora, Ontario P9N 3H7 Canada

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Corporate Counsel
Tiffany J. Lanier, Esq
1119 SE 3rd Ave
Ft. Land, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Chief Operations Officer
Brad Gamble
PO Box 1026
Dryden, Ontario P8N 3E3 - Canada

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003961341-8
-04/05/01--01088--022
*****50.00 *****50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Chad Dechard

3/23/01

Date

954-763-1716

Daytime Phone #

CR2E083 (11/00)