

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90075 038 ***150.00

DOCUMENT # L48894

1. Entity Name

INFRA-RED SAUNA SYSTEMS, INC.

Principal Place of Business

2200 SOUTH OCEAN BLVD
DELRAY BEACH FL 33483
US

Mailing Address

GRASSAND & HOCKER
1515 N FEDERAL HIGHWAY, SUITE 210
BOCA RATON FL 33432-1952
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1811 LAKESHORE DR.

Suite, Apt. #, etc.

City & State

HOT SPRINGS, AR.

City & State

Zip

71913

Country

6 ARKANSAS

Zip

Country

4. FEI Number

65-0175333

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

SCHONE, LARRY
50 S E FOURTH AVENUE
DELRAY BEACH FL 33483

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HECKER, PAUL J.
2200 S OCEAN BLVD
DELRAY BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1811 LAKESHORE DR.
HOT SPRINGS, AR 71913

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ 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:

Paul J. Hecker PAUL J. HECKER 501-760-3730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)