

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90211 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L48894

1. Entity Name
INFRA-RED SAUNA SYSTEMS, INC.



10066151



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1811 LAKESHORE DR
HOT SPRINGS, AR 71913 US

Mailing Address
GRASSAND ACCOUNTING PA
900 N FEDERAL HWY STE 160
BOCA RATON, FL 33432 US

2. Principal Place of Business
25 OAKWOOD CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PENDLETON, KY

City & State

Zip
40055

Country
U.S.A.

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HECKER, PAUL J. 1811 LAKESHORE DR HOT SPRINGS, AR 71913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. HECKER 4-5-03 800-763-8432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)