2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # L74294 04-17-2000 90141 049 ***150.00 INFINITY INVESTMENT GROUP, INC. Mailing Address Principal Place of Business 102 Avenue D, #5 780 122 STREFT P.O. BOX 500466 MARATHON FL 33050-0466 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 56-1705434 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUTTER, GORHAM JR. Street Address (P.O. Box Number is Not Acceptable) 2510 EAST JACKSON ST ORLANDO FL 32803 City 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 Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE NAME KNORR, C. JOHN JR. THE THURSTBEET JOZ Avenue D, #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Change Addition TITLE ■ Delete TITLE NAME GRAHAM, MARSHA NAME STREET ADDRESS STREET ADDRESS ROUTE 1, BOX 790 (MILE POST 38 1/2) CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043 🗻 - 📥 🔲 Change Addition ☐ Delete ~ TITLE THOMAS C. KNORR. NAME NAME 102 Avenue D, #5 STREET ADDRESS STREET ADDRESS MARATHON, Florida 33050 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIF ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

QUIRED JOHN KNORR, In 4/4/00 SIGNATURE: Daytime Phone #

changed, or on an attachment with an address, with

I hereby certify that the information supplied with this fling 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