

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001761

1. Entity Name

INFINITY SOLUTIONS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

Mailing Address

~~8805 CORREL WAY~~

~~8805 CORREL WAY~~

~~CLERMONT FL 34711~~

~~CLERMONT FL 34711~~

2. Principal Place of Business

2035 SUZANNE DRIVE

3. Mailing Address

2035 SUZANNE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOUNT DORA, FL.

City & State

MOUNT DORA, FL

Zip

32757

Country

U.S.A

Zip

32757

Country

U.S.A

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HURWITZ, MICHAEL C

~~8805 CORREL WAY~~

~~CLERMONT FL 34711~~

7. Name and Address of New Registered Agent

Name HURWITZ, MICHAEL C.

Street Address (P.O. Box Number is Not Acceptable)

2035 SUZANNE DRIVE

City MOUNT DORA

FL

Zip Code 32757

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

Michael C. Hurwitz

9.07.00

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/MANAGERS

TITLE NAME MICHAEL C. HURWITZ
STREET ADDRESS 2035 SUZANNE DRIVE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MANAGER
STREET ADDRESS DIANA C. HURWITZ
CITY-ST-ZIP 2035 SUZANNE DRIVE MOUNT DORA, FL 32757

TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

9.07.00

352.385.0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)