

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000001761

FILED
Apr 22, 2003
Secretary of State

Entity Name: INFINITY SOLUTIONS LLC

Current Principal Place of Business:

2035 SUZANNE DRIVE
MOUNT DORA, FL 32757

New Principal Place of Business:

241 W. 3RD AVENUE
#4
MOUNT DORA, FL 32757

Current Mailing Address:

2035 SUZANNE DRIVE
MOUNT DORA, FL 32757

New Mailing Address:

P.O. BOX 466
MOUNT DORA, FL 32756

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURWITZ, MICHAEL C
2035 SUZANNE DRIVE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

HURWITZ, MICHAEL C
P.O. BOX 466
MOUNT DORA, FL 32756 US

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:

04/22/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HURWITZ, MICHAEL C
Address: 2035 SUZANNE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR () Delete
Name: HURWITZ, DIANA C
Address: 2035 SUZANNE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HURWITZ, MICHAEL C
Address: P.O. BOX 466
City-St-Zip: MOUNT DORA, FL 32756

Title: MGR (X) Change () Addition
Name: HURWITZ, DIANA C
Address: P.O. BOX 466
City-St-Zip: MOUNT DORA, FL 32756

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL C HURWITZ

MGRM

04/22/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date