2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am DOCUMENT # N9400000293 Secretary of State 1. Entity Name INFINITE EVOLUTION, INC. 02-05-2001 90076 049 ****61.25 Principal Place of Business Mailing Address 124 CRANES LAKE DRIVE 124 CRANES LAKE DRIVE 710402 PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3242737 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, THOMAS M 124 CRANES LAKE DRIVE PONTE VEDRA FL 32082 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition SCOTT, THOMAS M NAME NAME 124 CRANES LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition COLEMAN, BENNY NAME NAME 4050 EVANS RD., LOT 17A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POLK CITY FL 33868 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WINTONS, MELVIN NAME NAME 1232 N. ERMINE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32605 TITLE Change - Addition TITLE ☐ Delete GORDON, PALMER NAME NAME STREET ADDRESS 411 STONEHOUSE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 617, 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:

WANDER REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR