

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005992

1. Entity Name

INFINITE OUTSOURCE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90017 044 ****61.25

Principal Place of Business

8600 HIDDEN RIVER PKWY.
PALM COURT BLDG.-STE. 500
TAMPA FL 33637

Mailing Address

8600 HIDDEN RIVER PKWY.
PALM COURT BLDG.-STE. 500
TAMPA FL 33637-1016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3475592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTES, JOHANNA M
8600 HIDDEN RIVER PKWY.
PALM COURT BLDG.-STE. 500
TAMPA FL 33637

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANTES, JOHANNA	
STREET ADDRESS	29728 MORVEN PLACE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33534	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	ANTES, JOHANNA	
STREET ADDRESS	29728 MORVEN PLACE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33534	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DRESSER WJCT, WILLIAM	
STREET ADDRESS	100 FESTIVAL PARK AVENUE --	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	STEPHEN MCKENNEY Y STECK, BUMFE	
STREET ADDRESS	11510 EAST COLONRAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817-4699	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adamson, Richard	
STREET ADDRESS	8600 Hidden Rvr Pkwy, Suite 500	
CITY-ST-ZIP	Tampa, FL 33637-1016	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adamson, Richard	
STREET ADDRESS	8600 Hidden River Pkwy, Suite 500	
CITY-ST-ZIP	Tampa, FL 33637-1016	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox Virginia	
STREET ADDRESS	600 Cooper Drive	
CITY-ST-ZIP	Lexington, KY 40502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Richard Adamson Richard Adamson, 4/11/00 813-910-9444, Ext 221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)