

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005992

1. Entity Name

INFINITE OUTSOURCE, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90289 046 \*\*\*\*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

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
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  
**SHIVERS, OLIN G**  
**ONE TAMPA CITY CENTER, SUITE 2200**  
**201 N. FRANKLIN STREET**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Richard	
STREET ADDRESS	8600 Hidden River Pkwy, Suite 500	
CITY-ST-ZIP	Tampa, Florida 33637-1016	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adams, Richard	
STREET ADDRESS	8600 Hidden River Pkwy, Suite 500	
CITY-ST-ZIP	Tampa, Florida 33637-1016	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fox, Virginia KET	
STREET ADDRESS	600 Cooper Drive	
CITY-ST-ZIP	Lexington, Kentucky 40502	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesley, Paula	
STREET ADDRESS	8600 Hidden River Pkwy, Suite 500	
CITY-ST-ZIP	Tampa, Florida 33637-1016	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesley, Anita	
STREET ADDRESS	8600 Hidden River Pkwy, Suite 500	
CITY-ST-ZIP	Tampa, Florida 33637-1016	
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: Paula Wesley **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 813-910-9444  
Date Daytime Phone #

CR2E037 (10/00)