P00000020051

| 2002 | UNIF | ORM | <b>BUSINESS</b> | REP | ORT | (UBR |
|------|------|-----|-----------------|-----|-----|------|
|      |      |     |                 |     |     |      |

1. Entity Name

INFINITY HOME SERVICES, INC.

| Principal F | Place of | Business |
|-------------|----------|----------|
| _PA_BAY     | #26727   | E .      |

**DOCUMENT#** 

Mailing Address

--P.O.-8OX-#367375-

-Bonita-Springs-FL-34136-

--- BONITA-SPRINGS-FL 94196

| 2. Principal Place of Business 23620 Waterside Drive                  |                                 |   | 3. Mailing Address 23620 Wat   |   |                         |              | THE CONTROL THE GRANT PRINT BRANT BR |                          |                             |  |
|---|---------------------------------|---|--------------------------------|---|-------------------------|--------------|--|--------------------------|-----------------------------|--|
| Bonita Springs FL Bon   |                                 |   | Bonita Spri                    | Suite, Apt. #, etc.   |                         |              | DO NOT WRITE IN THIS SPACE   |                          |                             |  |
| City & Stat   | te                              |   | c Pity & State Colette         | <u> 'H</u>  | ayden                   | 4. 1         | FEI Number <b>59-3628510</b>   |                          | pplied For<br>ot Applicable |  |
| Zip 341   | 34                              | Country                                     | 34134                          | Count   | LEE_                    | ~-           | Certificate of Status Desired  | \$8.75 Ad<br>Fee Require |                             |  |
| ,   | 6. Name                         | and Address of Current                      | Registered Agent               |   |                         | 7. 1         | Name and Address of New Register   | ed Agent                 |                             |  |
| HAYDEN, COLETTE A<br>23620 WATERSIDE DRIVE<br>BONITA SPRINGS FL 34134 |                                 |   |                                | Name Street Address (P.O. Box Number is Not Acceptable)                               |                         |              |  |                          |                             |  |
|   |                                 |   |                                |   | <del></del>             |              |  |                          |                             |  |
|   |                                 |   |                                |   | City                    |              |  | Zip Cod                  |                             |  |
| <ol><li>The above<br/>the obligat</li></ol>                           | named entity<br>tions of regist | y submits this statement for<br>ered agent. | r the purpose of changing its  | registere   | ed office or regis      | tered ag     | gent, or both, in the State of Florida. I  | am familiar with,        | , and accept                |  |
| _   | O Det                           | m A. Day                                    | 114                            |   |                         |              | <b>d_</b> 1  | 1                        |                             |  |
| SIGNATURE.  | Signature, typed                | or printed name of registered age. a        | and title if applicable. (NOTE | E: Registered   | d Agent signature requi | ired when re | einstating) DAT  | <u>  2-02</u>            |                             |  |
| 9. This corpo   | oration is eligi                | ible to satisfy its Intangible              | FILE NOW!                      | !! FEE  | IS \$550.00             |              |  |                          |                             |  |
| Tax filing requirement and elects to do so.                           |                                 |   |                                | After September 13, 2002 Fee will be \$750.6 Make Check Payable to Department of Stat |                         |              |  |                          |                             |  |
| 11.   |                                 | OFFICERS AND                                | DIRECTORS                      | 12.   |                         | AD           | DITIONS/CHANGES TO OFFICERS A  | ND DIRECTOR              | S IN 11                     |  |
| TITLE   | PTD                             | 001 FTTE A                                  | ☐ Delete                       | TITLE   |                         |              |  | ☐ Change                 | Addition                    |  |
| NAME<br>STREET ADDRESS :  |                                 | Colette a<br>Terside drive                  |                                | NAME  | ET ADDRESS              |              |  |                          |                             |  |
| CITY-ST-ZIP   |                                 | PRINGS FL 34134                             |                                |   | ST-ZIP                  |              |  |                          |                             |  |
| TITLE   | SV                              |   | □ Delete                       | TITLE   |                         |              | ,  | ☐ Change                 | Addition                    |  |
| NAME  | HAYDEN,                         |   |                                | NAME  |                         |              |  |                          |                             |  |
| STREET ADDRESS  |                                 | TERSIDE DRIVE                               |                                |   | ET ADDRESS              |              |  |                          |                             |  |
| CITY-ST-ZIP   | BONITA SI                       | PRINGS FL 34134                             |                                |   | ST-ZIP                  |              | · · · · · · · · · · · · · · · · · · ·  |                          |                             |  |
| TITLE<br>NAME   |                                 |   | Delete                         | NAME  |                         | -            | سدير د ما المسا  | Change                   | ☐ Addition                  |  |
| STREET ADDRESS  |                                 |   |                                |   | T ADDRESS               |              |  |                          |                             |  |
| CITY-ST-ZIP   |                                 |   |                                | CITY-   | ST-ZIP                  |              |  |                          |                             |  |
| TITLE   |                                 |   | ☐ Delete                       | TITLE   |                         |              |  | ☐ Change                 | Addition                    |  |
| NAME  |                                 |   |                                | NAME  |                         |              |  |                          |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                 |   |                                |   | T ADDRESS<br>ST-ZIP     |              |  |                          |                             |  |
| TITLE   |                                 |   | □ Delete                       | TITLE   | U. EH                   |              |  | ☐ Change                 | Addition                    |  |
| NAME  |                                 |   | - DOUGE                        | NAME  |                         |              |  | onange                   |                             |  |
| STREET ADDRESS  |                                 |   |                                |   | T ADDRESS               |              |  |                          |                             |  |
| CITY-ST-ZIP   |                                 |   |                                | CITY-   | ST-ZIP                  |              | <del></del>  |                          |                             |  |
| TITLE   |                                 |   | Delete                         | TITLE   |                         |              |  | ☐ Change                 | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS  |                                 |   |                                | NAME  | T ADDDESS               |              |  |                          |                             |  |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CR2E034 (4/02)

Attochmed

## MacKendree & Company, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

- RONALD O. MacKENDREE, C.P.A. JAIME MAYA, C.P.A. 125226

SUITE #101 MIAMI, FLORIDA 33143 (305) 666-9613 (305) 669-9613 (FAX)

September 9, 2002

Division of Corporations
Uniform Business Report Filings
Post Office Box #1500
Tallahassee, Florida 32302-1500

RE: Infinity Home Services, Inc.
Document Number P00000020051
2002 Uniform Business Report (UBR)

Dear Sirs:

We are enclosing the captioned client's check in the amount of \$150 in payment of the 2002 Uniform Business Report. As explained below, they respectfully request your consideration in waiving the \$400 late filing penalty.

The taxpayer just received the enclosed UBR, which includes the \$400 late filing fee. They did not receive the original report due to an address change and this form was not forwarded from the post office. Please review the new address change and update your records accordingly.

The corporation is very conscientious of their tax filing obligations. Historically, they have filed the UBR along with all of their other tax returns in a timely manner. They immediately contacted us regarding the form as soon as they received it.

Your consideration is appreciated.

Sincerely,

Jaime Maya

Certified Public Accountant

Enclosures

Xc: Infinity Home Services, Inc.

IM/vld