2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME O

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # P00000062648** 1. Entity Name INFODOVE, INC. 04-04-2001 90096 025 ***150.00 Mailing Address Principal Place of Business 14446-3 RELITER STRASSE CIR 14446-3 REUTER STRASSE CIR **TAMPA FL 33613** TAMPA FL 33613 3. Mailing Address 2. Principal Place of Business 14446-3 Reuter Strage Cir. 14446-3 Reuter Strasge Circle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. CONTRACT. Applied For 4. FEI Number City & State City & State 59-3658737 Not Applicable ampu Country U.S.A \$8.75 Additional 5. Certificate of Status Desired .s.A. Fee Required 33613 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WANG. MINZHI WANG, MIN-ZHI Street Address (P.O. Box Number is Not Acceptable) 14446-3 REUTER STRASSE CIR **TAMPA FL 33613** 14446-3 Reuter Strasse Circle Zip Code 33613 Tampa, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITI F WANG, MINZHI WANG, MIN-ZHI NAME NAME 14446-3 REUTER STRASSE CIR STREET ADDRESS 14446-3 REUTER STRASSE CIR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-ZIP **TAMPA FL 33613** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 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.

(813)978-1645

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