

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90276 014 ***150.00

DOCUMENT # *P00000089871*

1. Entity Name
Infinity Financial Services, Inc.



DO NOT WRITE IN THIS SPACE

11013837

2. Principal Place of Business

3469 W. Boynton Blvd
Suite, Apt. #, etc.

3. Mailing Address

3469 W. Boynton Blvd #12
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL 33436

City & State
Boynton Beach, FL

4. FEI Number

65-1056195

Applied For

Not Applicable

Zip
33436

Country
USA

Zip
33436

Country
Palmdale

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jennifer Trowbridge

Street Address (P.O. Box Number is Not Acceptable)

2300 NW 3rd Ave

City
Boca Raton

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jennifer Trowbridge 2300 NW 3rd Ave Boca Raton, FL 33431</i>
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Trowbridge 4/8/03

Date

Daytime Phone #

261-774-1451

CR2E034B (12/02)