

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

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90167 008 \*\*\*150.00

DOCUMENT # P01000011643

1. Entity Name **INFINICOM INC.**

**DO NOT WRITE IN THIS SPACE**

**B0135493**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**1520 20TH AVE. NO.**

**1520 20TH AVE. NO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. Petersburg FL**

City & State

**ST. Petersburg FL**

Zip

**33704**

Country

**USA**

Zip

**33704**

Country

**USA**

4. FEI Number

**65-1075244**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**James E. Petersen**

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

**1520 20TH AVE. NO.**

City

**ST. Petersburg**

**FL**

Zip Code

**33704**

**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.

SIGNATURE **James E. Petersen**

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

(NOTE: Registered Agent signature required when reinstating)

**8/10/02**

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President (P/C/T)	James E. Petersen	1520 20TH AVE. NO.	ST. Petersburg, FL 33704				
Vice President (V/S)	Debbie S. Petersen	1520 20TH AVE. NO.	ST. Petersburg, FL 33704				
Vice President (V/D)	Charles L. Petersen	1520 20TH AVE. NO.	ST. Petersburg, FL 33704				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/10/02**

Date

**727-896-1173**

Daytime Phone #

*Hachme Nf*

*# P0100011643*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINS STREET  
TALLAHASSEE, FL 32399

JAMES E. PETERSEN  
INFINICOM INC.  
1520 20TH AVE. NO.  
ST. PETERSBURG, FL 33704

AUGUST 19, 2002

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT MY MONEY ORDER IN THE AMOUNT OF \$150.00  
ALONG WITH MY UNIFORM BUSINESS REPORT (UBR). I DID NOT  
RECEIVE THE NOTICE IN THE MAIL BECAUSE I MOVED FROM 691  
LAVERS CIRCLE, APT. 104 DELRAY BEACH, FL 33444.  
THIS IS THE FIRST YEAR I AM SENDING IN THE UBR TO YOUR OFFICE.  
PLEASE DO NOT HESITATE TO CALL ME FOR ANY ASSISTANCE I CAN  
OFFER IN THIS MATTER AT ANY OF THE FOLLOWING PHONE  
NUMBERS:

HOME: 727-896-1143  
OFFICE: 1-888-913-0200  
MOBILE: 727-224-1588  
E-MAIL: INFINICOM.Jim@YAHOO.COM

THANK YOU,

*James E. Petersen*  
JAMES E. PETERSEN