2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2002 8:00 am Secretary of State P01000013059 DOCUMENT # 1. Entity Name INFRATECH SOLUTIONS, INC. 05-15-2002 90076 003 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 547 POST OFFICE BOX 547 FLAGLER BEACH FL 32136-0547 FLAGLER BEACH FL 32136-0547 2. Principal Place of Business 3. Mailing Address E. Hwy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 2.2. + 3784887 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name **BRYANT, TIMOTHY** Street A 116 AVALON AVENUE FLAGLER BEACH FL 32136 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition BRYANT, TIMOTHY Bryant, Timethy NAME NAME 116 AVALON AVENUE 114 Palmetto Ave. STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL 32136 CITY-ST-ZIP CITY-ST-7IP Flagier Beh, Fl. Delete TITLE TITLE Suzanne Bryant BRYANT, TIMOTHY NAME NAME 116 AVALON AVENUE Palmetto Ave. STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL 32136 CITY-ST-ZIP CITY-ST-ZIP agler Bd. Fl. 32136 TITLE or harmonia or TITI F - : Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

CR2E034 (9/01