

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90202 028 ***150.00

90008723

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000108845

1. Entity Name

INFINITY IPM, INC.,

Principal Place of Business
3418 FOX HOLLOW DRIVE
ORLANDO, FL. 32829

Mailing Address
3418 FOX HOLLOW DRIVE
ORLANDO, FL. 32829

2. Principal Place of Business
4270 GLOVER STREET

Suite, Apt. #, etc.

3. Mailing Address
4270 GLOVER STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ST. JOHN, FLORIDA

Zip
32927

Country
U.S.A.

City & State
PORT ST. JOHN, FLORIDA

Zip
32927

Country
U.S.A.

4. FEI Number
36-4509399

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERS, GEORGE J.
4270 GLOVER STREET
PORT ST. JOHN, FL. 32927

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

GEORGE J. RIVERS

1/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
RIVER, GEORGE J.
4270 GLOVER STREET
PORT ST. JOHN, FL. 32927 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/S
TORRENTE, SERGIO L.
3418 FOX HOLLOW DRIVE
ORLANDO, FL. 32829 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

GEORGE J. RIVERS PRES.

1/17/03 321-639-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)