

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90156 045 \*\*\*150.00

**DOCUMENT # P02000113840**

**1. Entity Name**  
**INFOCUS MANAGEMENT, INC.**



**Principal Place of Business**  
**1250 E. HALLANDALE BCH BLVD., SUITE 1004**  
**HALLANDALE FL 33009**

**Mailing Address**  
**1250 E. HALLANDALE BCH BLVD., SUITE 1004**  
**HALLANDALE FL 33009**

**2. Principal Place of Business**  
**11528 STATE ROAD 84**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**DAVIE, FL**

**City & State**

**4. FEI Number**  
**81-0576361**

**Applied For**  
**Not Applicable**

**Zip**  
**33325**

**Country**  
**USA**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERRERA, THOMAS R**  
**1250 E. HALLANDALE BCH BLVD., SUITE 1004**  
**HALLANDALE FL 33009**

**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. 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**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Delete**  
**NAME** **GAIL CLARKE**  
**STREET ADDRESS** **1259 NW 111 WAY**  
**CITY-ST-ZIP** **CORAL SPRINGS, FL 33071**

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

**TITLE** **VPD** ☐ **Delete**  
**NAME** **MICHAEL ROSS**  
**STREET ADDRESS** **10357 SW 165 CT.**  
**CITY-ST-ZIP** **MIAMI, FL 33196**

**TITLE** **PD** ☒ **Change** ☐ **Addition**  
**NAME** **MICHAEL ROSS**  
**STREET ADDRESS** **10357 SW 165 CT**  
**CITY-ST-ZIP** **MIAMI, FL 33196**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Michael Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/02/03**  
**Date**

**954-457-0970**  
**Daytime Phone #**

CR2E034 (10/02)