

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90071 017 ***150.00

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DOCUMENT # P93000019710

1. Entity Name
INFINITY INDUSTRIES, INC.

Principal Place of Business

3368 S.E. FAIRWAY OAKS TRAIL
STUART FL 34997
US

Mailing Address

3368 S.E. FAIRWAY OAKS TRAIL
STUART FL 34997
US

2. Principal Place of Business

3368 S.E. FAIRWAY OAKS TRAIL

3. Mailing Address

3368 S.E. FAIRWAY OAKS TRAIL

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

STUART, FL

City & State

STUART, FL

Zip

34997

Country

U.S.A.

Zip

34997

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0395509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **JULIAE MAURER, PRESIDENT**

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

3368 S.E. FAIRWAY OAKS TRAIL

City **STUART**

FL

Zip Code

34997

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

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

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT, INFINITY INDUSTRIES
4-24-02

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, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **PSTD MAURER, JULIA**
STREET ADDRESS **3368 S.E. FAIRWAY OAKS TRAIL**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-02

Daytime Phone #

792-781

2339

CR2E034 (9/01)