2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90407 037 ***150.00

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1. Entity Name

INFINITE OPPORTUNITIES, INC. ✓

D0054854

Principal Place of Business	Mailing Address
610 DEVONSHIRE BLVD LONGWOOD FL 32750	610 DEVONSHIRE BLVD LONGWOOD FL 32750-3944

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 N. County Rd 427	
Suite, Apt. #, etc. Suite 213	Suite, Apt. #, etc. SAME
City & State Longwood FLA	City & State
Zip 32750 - Seminole	Zip - Country

4. FEI Number 18-7348770 ☐ Applied For ☐ Not Applicable

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
BATTOE, THOMAS R JR 610 DEVONSHIRE BLVD LONGWOOD FL 32750	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

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

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE AME TREET ADDRESS TY-ST-ZIP	DP BATTOE, KAREN C 610 DEVONSHIRE BLVD LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP	DTV BATTOE, THOMAS R JR 610 DEVONSHIRE BLVD LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E E EET ADDRESS -ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E E ET ADDRESS -ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 12 if changed, or on an attachment with an address.

Karen C. Battoe KAREN C. Battoe 4/30/01 407-332-0554