

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077484

1. Entity Name

INFINITE IDEAS & DESIGNS, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90224 048 \*\*\*150.00

Principal Place of Business

1015 EAST SEMORAN BLVD  
SUITE 253  
CASSELBERRY FL 32707  
US

Mailing Address

ATTN: DAVID L. SCHICK  
P.O. BOX 3068  
ORLANDO FL 32802  
US

NOV 10 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o David L. Schick

Suite Apt. #, etc.

P.O. Box 3068

City & State

Orlando, FL

Zip

32802-3068

Country

USA

4. FEI Number

59-3337589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHICK, DAVID L ESQ  
301 E. PINE STREET  
SUITE 1400  
ORLANDO FL 32801

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

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, 2001 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 PD ☐ Delete  
NAME POLLEY, JOANN H  
STREET ADDRESS 415 WARRENTON ROAD  
CITY-ST-ZIP WINTER PARK FL

TITLE STD ☐ Delete  
NAME WILHITE, CONNIE  
STREET ADDRESS 144 ROANN DRIVE  
CITY-ST-ZIP OVIEDO FL

TITLE VPD ☐ Delete  
NAME ROBERTS, KATHRYN.S  
STREET ADDRESS 2925 HUNTINGTON  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Connie Wilhite, Secretary

Date

Daytime Phone #

1-19-01 407 834-8220

CR2E034 (10/00)