FILED

2002 UNIFORM BUSINESS REPORT (UBR)

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Apr 08, 2002 8:00 am Secretary of State P95000077484 DOCUMENT # 1. Entity Name 04-08-2002 90258 024 ***150.00 INFINITE IDEAS & DESIGNS, INC. Principal Place of Business Mailing Address C/O DAVID L. SCHICK 1015 EAST SEMORAN BLVD P.O. BOX 3068 SUITE 253 ORLANDO FL 32802 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3337589 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHICK, DAVID L ESQ Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET **SUITE 1400** ORLANDO FL 32801 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Addition TITLE Delete TITLE ☐ Change POLLEY, JOANN H NAME NAME CR2E034 415 WARRENTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL C!TY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STD TITLE NAME WILHITE, CONNIE NAME STREET ADDRESS 144 ROANN DRIVE STREET ADDRESS CITY-ST-ZIF OVIEDO FL CITY-ST-ZIP TITLE Change Addition TITLE . ----**VPD** Delete NAME ROBERTS, KATHRYN S NAME STREET ADDRESS 2925 HUNTINGTON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver of 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:

attackment of Doct GRAY, HARRIS & ROBINSON 621876 PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

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WRITER'S DIRECT DIAL

(407) 418-6522

Barbara S. Buchanan Paralegal

E-MAIL ADDRESS

bbuchan@ghrlaw.com

March 28, 2002

Annual Reports Filing Division of Corporations Post Office Box 1500 Tallahassee, FL 32302-1500

Re:

2002 Uniform Business Report

INFINITE IDEAS & DESIGNS, INC.

Document #: P95000077484

Dear Sir or Madam:

I am enclosing with this letter the above-referenced Uniform Business Report. Also enclosed is a check in the amount of \$150.00 representing the filing fee.

If you have any questions with respect to this filing, please feel free to contact the undersigned.

Sincerely,

Barbara S. Buchanan

Paralegal

bsb

Enclosures

CLERMONT LAKELAND