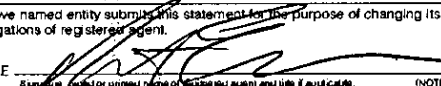
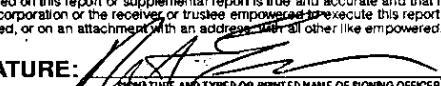


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90950 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000031413		
1. Entity Name INFINITY GROUP SERVICES, INC.		
Principal Place of Business 25400 US 19 NORTH SUITE 259 CLEARWATER, FL 33763 US		Mailing Address 905 E. MLKING BLVD STE 230 TARPON SPGS, FL 34689 US
2. Principal Place of Business		3. Mailing Address 8402 Laurel Fina Cr. Suite, Apt. #, etc. 210
City & State Tampa, Florida		4. FEI Number 59-3372757
Zip 33610	Country Hillshire	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EVERDING, ROBERT D 9104 SACRAMENTO DRIVE NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent
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 of principal or person in charge of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		DATE 4-3-03
FILE NOW! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: WENINGER-ALEXANDER, TINA M. STREET ADDRESS: 1202 SEAGATE DRIVE # 202 CITY-ST-ZIP: PALM HARBOR, FL 34685		TITLE: ☐ Change ☐ Addition
TITLE: ST NAME: EVERDING, ROBERT STREET ADDRESS: 9104 SACRAMENTO DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34655		TITLE: ☐ Change ☐ Addition
TITLE: VP NAME: ALEXANDER, STEPHEN STREET ADDRESS: 1202 SEAGATE DRIVE # 202 CITY-ST-ZIP: PALM HARBOR, FL 34685		TITLE: ☐ Change ☐ Addition
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition
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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

90075678

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)