DOCUMENT # P97000016992

1. Entity Name

INFINITY BUSINESS SERVICES, INC.

Principal Place of Business

Mailing Address

15 PARADISE P SUITE 130 SARASOTA FL		15 PARADISE PLAZA SUITE 130 SARASOTA FL 34239-6905	• 1) (2012-11-11-11-11-11-11-11-11-11-11-11-11-1	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3442518 Applied For Not Applicate	ole
Zíp	Country	Zip	Country -	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	\Box
			Name		
RANCE, LINDA J 15 PARADISE PLAZA 130			Street Addres	ress (P.O. Box Number is Not Acceptable)	
SAR	ASOTA FL 34239		City	FL Zip Code	-
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8. The above	enamed entity submits this statement fo	r the purpose of changing its	registered office or regis	gistered agent, or both, in the State of Florida.	
SIGNATURE ,	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requ	equired when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$,
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCE, LINDA J 15 PARADISE PLAZA 130 SARASOTA FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion
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TITLE NAME		☐ Delete	TITLE NAME STREET ANDRESS	☐ Change ☐ Additi	on

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-80 941-952-1043
Date Davime Phone #

FILED

Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90106 030 ***150.00