

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90157 024 ***550.00

DOCUMENT # P97000040923

1. Entity Name

INFINITY PROFESSIONAL SOLUTIONS, INC.

Principal Place of Business

**615 NORTH HWY 17-92
 SUITE 105
 DEBARY FL 32713**

Mailing Address

**615 NORTH HWY 17-92
 SUITE 105
 DEBARY FL 32713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3445051

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

**PAGAN, LUIS A
 615 N. HWY 17-92
 SUITE 105
 DEBARY FL 32713**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
PAGAN, LUIS A
 STREET ADDRESS **112 COMMUNITY DRIVE**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Change ☐ Addition
 NAME **vp/Sec**
Pagan, Luis
 STREET ADDRESS **112 Community Dr.**
 CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ Delete
 NAME **V**
ROBINSON, PENNY
 STREET ADDRESS **305 MEADOW BEAUTY TERR**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
 NAME **P**
Robinson, Penny M
 STREET ADDRESS **305 Meadow Beauty Terr**
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete
 NAME **D**
FERGUSON, NAOMI
 STREET ADDRESS **108 GEORGIA MANOR LANE**
 CITY-ST-ZIP **TRUSSVILLE AL 35173**

TITLE ☐ Change ☐ Addition
 NAME **T**
Ferguson, Naomi
 STREET ADDRESS **110 Pine Side Drive**
 CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SENATOR REQUIRED
[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)