

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044101

1. Entity Name  
INFOTECH SOLUTIONS, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90097 031 \*\*\*150.00

Principal Place of Business  
10006 N DALE MABRY HWY  
SUITE 112  
TAMPA FL 33618

Mailing Address  
10006 N DALE MABRY HWY  
SUITE 112  
TAMPA FL 33618

2. Principal Place of Business  
5923 Birchwood Drive  
Suite, Apt. #, etc.

3. Mailing Address  
5923 Birchwood Drive  
Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip  
33625

Country  
USA

Zip  
33625

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3455110

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

PEREZ, RONALD E  
10006 N DALE MABRY HWY  
SUITE 112  
TAMPA FL 33618

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATSUYAMA, JAMES T 5923 BIRCHWOOD DR TAMPA FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATSUYAMA, BYRON K 11420 NE 90TH ST KIRKLAND WA 98033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYNCH, KAREN 5923 BIRCHWOOD DR TAMPA FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James T Katsuyama  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2001 813-390-3698  
Date Daytime Phone #

CR2E034 (10/00)