

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004049

1. Entity Name

INFINITI MORTGAGE & INVESTMENTS, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90228 029 ***150.00

Principal Place of Business

11374 SPACE BLVD., #3
ORLANDO FL 32837

Mailing Address

P.O. BOX 2826
WINTER PARK FL 32790-2826

2. Principal Place of Business

2313 LAKE DEBRA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

APT. # 2822

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

4. FEI Number

59-3487939

Applied For

Not Applicable

Zip

32835

Country

ORANGE

Zip

Country

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

AHEARN, DENNIS R
5144 CONROY ROAD
#1032
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

2313 LAKE DEBRA DRIVE

APT. # 2822

City

ORLANDO

FL

Zip Code

32835

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS AHEARN, DENNIS R
CITY-ST-ZIP 5144 CONROY ROAD #1032
ORLANDO FL 32811

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2313 LAKE DEBRA DRIVE APT. #2822
CITY-ST-ZIP ORLANDO, FL. 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Dennis R. Ahearn
Dennis R. AHEARN, PRES. 4-26-00 5177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)