

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90166 027 \*\*\*150.00

0503241 AV

**DOCUMENT # P98000012026**

1. Entity Name  
**INFO-LISTER, INC.**



Principal Place of Business  
**306 EAST MAIN STREET  
SUITE 200  
LAKELAND FL 33801**

Mailing Address  
**P.O. BOX 90517  
LAKELAND FL 33804-0517**



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 **59-3490756**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAKEMAN, WILLIAM H III  
306 E. MAIN ST.  
SUITE 200  
LAKELAND FL 33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
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 **PC** ☐ Delete  
NAME **WAKEMAN, WILLIAM H III**  
STREET ADDRESS **1208 LAKE DEESON WOODS LANE**  
CITY-ST-ZIP **LAKELAND FL 33805**

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

TITLE **VD** ☐ Delete  
NAME **WAKEMAN, RICHARD**  
STREET ADDRESS **117 LONG POINT DR**  
CITY-ST-ZIP **CHAPIN SC 29036**

TITLE ☐ Change ☐ Addition  
NAME **306 E Main Street**  
STREET ADDRESS **Suite 200**  
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **D** ☐ Delete  
NAME **BALL, VERNON**  
STREET ADDRESS **28702 MEGAN DRIVE**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **ST** ☐ Delete  
NAME **HILLEVI, KIRKLAND**  
STREET ADDRESS **2908 WILLOW AVENUE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **Hillevi Kirkland**  
CITY-ST-ZIP **1427 Glendale Street  
Lakeland, FL 33803**

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

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:

*William H. Wakeman III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 863 688-4441

CR2E034 (10/02)