

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017370

1. Entity Name

INFINITY GLOBAL MANAGEMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90366 013 ***150.00

Principal Place of Business

1900 SUMMIT TOWER BOULEVARD
SUITE 540
ORLANDO FL 32810

Mailing Address

1900 SUMMIT TOWER BOULEVARD
SUITE 540
ORLANDO FL 32810-5912

2. Principal Place of Business

210 E Palmetto Ave
Suite, Apt. #, etc.

3. Mailing Address

~~510 E Palmetto Ave~~ Same
Suite, Apt. #, etc. as #2

City & State

Longwood FL

City & State

~~Altamonte Spg FL~~

4. FEI Number

59-3501072

Applied For

Not Applicable

Zip

32750 Seminole

Zip

~~32714~~ Seminole

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAVER, MATHEW D
1900 SUMMIT TOWER BOULEVARD
SUITE 540
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
210 E Palmetto Avenue

City

Longwood

FL

Zip Code

32750

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STAVER, MATHEW D	
STREET ADDRESS	1900 SUMMIT TOWER BLVD., SUITE 540	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	210 E Palmetto	
CITY-ST-ZIP	Longwood FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

407-875-0077

Daytime Phone #

CR2E034 (9/99)