2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P98000057615 1. Entity Name INFINITE SOLUTIONS ENTERPRISES, INC. 1986 04-17-2000 90031 024 ***150.00 Mailing Address Principal Place of Business 705 -109TH AVE N 705 -109TH AVE N. NAPLES FL 34108-1811 ' - 34 NAPLES FL-34108 2. Principal Place of Business 3. Mailing Address Box 770069 1039 28Aug Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3519679 Not Applicable Neple Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34103 34107 Fee Required usA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth BOUCK, KENNETH F Street Address (P.O. Box Number is Not Acceptable) 1 13. 1 25. 705 -109TH AVE N. NAPLES FL 34108 Zip Code 34/03 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criterià on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Boock, Kenneth F Change Addition TITLE TITLE ☐ Delete BOUCK, KENNETH F NAME 1039 BB DUE N STREET ADDRESS STREET ADDRESS 705 -109TH AVE N. CITY-ST-ZIP CITY-ST-7/P NAPLES FL 34108 ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP--CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Kenneth FBack