

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90406 039 ***150.00

DOCUMENT # P98000057615

1. Entity Name
INFINITE SOLUTIONS ENTERPRISES, INC.

Principal Place of Business

**1039 28 AVENUE NORTH
 NAPLES FL 34103**

Mailing Address

**P.O. BOX 770069
 NAPLES FL 34107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

26785 McLaughlin Blvd

Suite, Apt. #, etc.

City & State

Bonita Bch Florida

4. FEI Number

59-3519679

Applied For

Not Applicable

Zip
34134

Country
LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BOUCK, KENNETH F
 1039 28 AVENUE NORTH
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Bouck, Kenneth F**
 Street Address (P.O. Box Number is Not Acceptable)
26785 McLaughlin Blvd
Bonita Bch Florida
 City **FL** Zip Code **34134**

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, 2002 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 **P** ☐ Delete
 NAME **BOUCK, KENNETH F**
 STREET ADDRESS **1039 28 AVENUE NORTH**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Bouck, Kenneth F**
 STREET ADDRESS **26785 McLaughlin Blvd**
 CITY-ST-ZIP **Bonita Bch Florida**

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

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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:

Kenneth F Bouck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 **941-370-4864**
 Date Daytime Phone #

CR2E034 (9/01)