

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90073 001 \*\*\*150.00

DOCUMENT #

1. Corporation Name

INFINITY 2000 MANAGEMENT TECH. INC.

Principal Place of Business

3118 GULF-TO-BAY Blvd.  
Clearwater, FL 33759

Mailing Address

1939 JUNE BELLS Rd.  
Clearwater, FL 33755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/98

2. Principal Place of Business

21 3118 GULF-TO-BAY Blvd.

2a. Mailing Address

26 1939 JUNE BELLS Rd

Suite, Apt. #, etc.

22 SUITE 116

Suite, Apt. #, etc.

27

City & State

23 Clearwater, FL

City & State

28 Clearwater

Zip

24 33759

Country

25 USA

Zip

29 33759

Country

30 USA

4. FEI Number

59-3520490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HONEY, ANDREW  
1939 JUNE BELLS Rd  
Clearwater, FL 33755

10. Name and Address of New Registered Agent

81 Name HONEY, ANDREW

82 Street Address (P.O. Box Number is Not Acceptable)  
1939 JUNE BELLS Rd

83

84 City CLEARWATER

FL

85

Zip Code 33755

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HONEY, ANDREW  
STREET ADDRESS 3118 GULF-TO-BAY Blvd SUITE 116  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/99 (727) 709-3409

CR2E034 (11/98)