2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2000 8:00 am DOCUMENT # **P98000057619 Secretary of State** INFINITY 2000 MANAGEMENT TECHNOLOGIES, INC. 03-29-2000 90072 049 ***150.00 Principal Place of Business Mailing Address 1939 JUNE BELLS RD 3118 GULF TO BAY BLVD STE 116 CLEARWATER FL 33759 631102 CLEARWATER FL 33759 US 2. Principal Place of Business 3. Mailing Address UNCAN AVE 300 SOUTH DUNCAN Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE STE 294 Applied For 4. FEI Number 59-3520490 Not Applicable \$8.75 Additional ΑŽΪ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUDREW HONEY, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1939 JUNE BELLS RD 300 SOUTH DUNCAN AVE STE 294 **CLEARWATER FL 33755** 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 MARCH 2000 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CC12. (19/99) DPVT TITLE ☐ Delete TITLE HONEY, ANDREW NAME HONEY, ANDREW NAME 300 SOUTH DUNCAN AVE STE 294 STREET ADDRESS STREET ADDRESS 3118 GULF TO BAY BLVD STE 116 CLEARWATER, FL 33755 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Addition Change ☐ Delete TITLE TITLE HONEY, ANDREW 300 SOUTH DUNCAN AVE. STE 294 HONEY, ANDREW NAME NAME 3118 GULF TO BAY BLVD STE 116 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CLEARWATER , FL **CLEARWATER FL 33759** ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

17 MARCH 2000

(727)709-3409

Change

☐ Addition

Daytime Pho