

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084595

1. Entity Name

INFINITE SOURCE, INC.

Principal Place of Business

6525 THE CORNERS PKWY. SUITE 303
NORCROSS GA 30092

Mailing Address

6525 THE CORNERS PKWY. SUITE 303
NORCROSS GA 30092-3351

2. Principal Place of Business

4030 AMERFIELD CIRCUIT
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 921091
Suite, Apt. #, etc.

City & State

Norcross GA

City & State

Norcross GA

4. FEI Number

58-2417991

Applied For

Not Applicable

Zip

Country

Zip

Country

30092

30010

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERV. OF CENTRAL FLORIDA, INC
390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SPECTOR, JEFFREY M**
STREET ADDRESS **6525 THE CORNERS PKWY, SUITE 303**
CITY-ST-ZIP **NORCROSS GA 30092**

TITLE **P/T/S/O** ☒ Change ☐ Addition
NAME **SPECTOR, JEFFREY M.**
STREET ADDRESS **4030 AMERFIELD CIRCUIT**
CITY-ST-ZIP **Norcross GA 30092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90138 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)