## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P98000092662 INFONETWORKS, INC. 02-01-2000 90092 002 \*\*\*150.00 = Principal Place of Business Mailing Address 4400 PGA BLVD STE 307 4400 PGA BLVD STE 307 PALM BEACH GARDENS FL 33458-4629 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address antown Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #2 4. FEI Number 65-0872828 10piter \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HACKNEY, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD STE 307 PALM BEACH GARDENS FL 33410 FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. ္ ့(See criteria on back) 👵 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD CONA, FRANK-P **→**Change TITLE TITLE CONA, Frank A. Rd., Suite 210 NAME NAME 4400 PGA BLVD STE 307 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Palage, Michael D. PALAGE, MICHAEL D NAME 4400 PGA BLVD., STE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE -☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

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Added to Fees