

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 000018131

1. Entity Name

THE INFRASTRUCTURE GROUP /
DIB/A SPECIALTY BUILDING
P/2000000000 / DBA TIGR

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 026 ***150.00

Principal Place of Business

Mailing Address

6900-29 DANIELS PKWY
PMB # 209
FT. MYERS, FLA 33912 (same).

00048325

2. Principal Place of Business

6900-29 DANIELS PKWY
PMB # 209.

3. Mailing Address

6900-29 DANIELS PKWY
PMB # 209

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. MYERS, FLA

City & State
FT. MYERS, FLA

4. FEI Number

45-0895795

Applied For

Not Applicable

Zip Country
33912 LEE

Zip Country
33912 LEE

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

ROXANNE M. DESCHAMBEAU
8900-29 DANIELS PKWY
PMB # 209
FT. MYERS, FLA 33912

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT.
ROXANNE DESCHAMBEAU.
6900-29 DANIELS PKWY
FT MYERS, FLA 33912.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director.
JOHN DRISCOLL
6900-29 DANIELS PKWY #209
FT. MYERS, FLA 33912

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Roxanne M. Deschambeau

3/21/00

Date

1-800-335-4243

Daytime Phone #

CR2E034 (9/99)