

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020510

1. Entity Name

INFINITE SOFTWARE, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90125 017 ***150.00

Principal Place of Business

7001 S.W. 24TH AVE.
GAINESVILLE FL 32606

Mailing Address

7001 S.W. 24TH AVE.
GAINESVILLE FL 32606

00007835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3565000

Applied For

Not Applicable

Zip

32607

Country

Zip

32607

Country

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

WOLF, WAYNE
7001 S.W. 24TH AVE.
GAINESVILLE FL 32606

Name

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

City

FL

Zip Code

32607

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

Wayne Wolf (Wayne Wolf)

1-15-2001

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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | WOLF II, LAWRENCE W | |
| STREET ADDRESS | 6529 NW 90 STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | COOK, DAREN | |
| STREET ADDRESS | 111 NW 28TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32607 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BLASER, RICHARD | |
| STREET ADDRESS | 10104 SW 17TH PLACE | |
| CITY-ST-ZIP | GAINESVILLE FL 32607 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MCCULLOUGH, MARTHA | |
| STREET ADDRESS | 3426 NW 40TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOK, DARIN | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

Wayne Wolf (Wayne Wolf)

1-15-2001

Date

352-375-9043

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)