2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000020510

Entity Name: INFINITE SOFTWARE, INC.

WOLF II, LAWRENCE W

GAINESVILLE, FL 32653

6529 NW 90 STREET

Name:

Address:

City-St-Zip:

FILED Jan 10, 2002 8:00 AM Secretary of State

Current P	rincipal Place of Business:	New Principal Place	of Business:	
	24TH AVE. LLE, FL 32607			
Current M	lailing Address:	New Mailing Addres	New Mailing Address:	
	24TH AVE. LLE, FL 32607			
FEI Number	: 59-3565600 FEI Number Appli	ed For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registere	d Agent: Name and Address	Name and Address of New Registered Agent:	
GAINESVI	24TH AVE. LLE, FL 32607	nent for the purpose of changing its registere	ed office or registered agent, or both.	
	e of Florida.	,,,,,,,		
SIGNATU				
	Electronic Signature of Re	egistered Agent	Date	
•	ation is eligible to satisfy its Intangible mpaign Financing Trust Fund Contrib	e Tax filing requirement and elects to do so (X). ution ().		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S () Delete MCCULLOUGH, MARTHA 3426 NW 40TH STREET GAINESVILLE, FL 32606	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete BLASER, RICHARD 10104 SW 17TH PLACE GAINESVILLE, FL 32607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete COOK, DARIN 111 NW 26TH STREET GAINESVILLE, FL 32607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	P () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE WAYNE WOLF II P 01/10/2002