

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102782

1. Entity Name  
INFOGENERATOR SYSTEMS, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90019 026 \*\*\*550.00

Principal Place of Business  
1488 GRANTHAM DR.  
WEST PALM BEACH FL 33414

Mailing Address  
1488 GRANTHAM DR.  
WEST PALM BEACH FL 33414

2. Principal Place of Business  
1400 Village Blvd #516  
Suite, Apt. #, etc.

3. Mailing Address  
1119 SE 3rd Avenue  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
West Palm Beach, FL  
Zip  
33409  
Country  
USA

City & State  
Ft. Lauderdale, FL  
Zip  
33316  
Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DECKARD, CHAD  
1488 GRANTHAM DR.  
WEST PALM BEACH FL 33414

## 7. Name and Address of New Registered Agent

Name  
Tiffany J. Lanier, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1119 SE 3rd Avenue  
City  
Ft. Lauderdale FL 33316

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 Tiffany J. Lanier Tiffany J. Lanier 8/10/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKARD, CHAD 1488 GRANTHAM DR. WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, JAMIE 323 4TH AVE, NORTH KENORA, ONTARIO P9N -3H7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, TIFFANY 1343 LAKE GENEVA DR. LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKARD, CHAD 6147 Blacksmith Way Lake Worth, FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tiffany Lanier 1119 SE 3rd Ave Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Tiffany J. Lanier - Director 8/10/00 954-766-8816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (5/00)