2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$98465**

FILED May 15, 2000 8:00 am

i. Entity Marr	10				111ay 12, 2000 0:00 an	
INFOMO	TION, INC.				Secretary of State 05-15-2000 90219 009 ***150.00	
Principal Plac	e of Business	Mailing Address			10 10 2000 9 0219 033 100000	
C/O HOWARD GOLDSTEIN 4128 CARRIAGE GIR- SARASOTA FL 94241		C/O HOWARD GOLDSTEIN 4128 CARRIAGE CIR SARASOTA FL 34241-8111				
}				}	I INDRINGIO INC. POTRI IRRILI DIOTRE CARDA DIRI GRADIS CATAL GRADIS CREAL TITRI GRADIS CONTRA	
	Place of Business Howard Goldsten	3. Mailing Address				
	prance Dunes Dr	Suite, Apt. #etc.			DO NOT WRITE IN THIS SPACE	
City & Stat		City & State		4.	FEI Number 59-3095587 Applied For Not Applicable	
3423	8 Sansota	Zìp	Country	5.	Certificate of Status Desired	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registered Agent	
GOLDSTEIN, HOWARD 4128 CARRIAGE CIR			Name Street A	Street Address (P.Q. Box Number is Not Acceptable)		
SARASOTA FL 94241					arie Dunes Dr	
			City C	city Sarasota FL Zig Code 238		
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 Star		50.00	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
11. OFFICERS AND D		DIRECTORS	12,	ΑŒ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVT	☐ Delete	TITLE		Change Addition	
NAME	GOLDSTEIN, HOWARD		NAME	2776	Danie Dunes Dr	
STREET ADDRESS CITY-ST-ZIP	4 120 Carriage Cir Sarasota FL -34241-		STREET ADDRESS CITY-ST-ZIP	5070	sota FL 34238	
TITLE	ONINGO IN 1 E GYEYT		TITLE	2000.	☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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NAME STREET ADDRESS	,		NAME STREET ADDRESS		j	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP		1	
CITY-ST-ZIP			0111-31-4IP			

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 rue 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 receive 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 ties empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Addition

☐ Change