

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V15183**

1. Entity Name

**INFINITY OF WALTON COUNTY....., INC.****FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90018 044 \*\*\*150.00

**B0026156**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9375 EMERALD COAST PARKWAY. WEST SUITE 29 DESTIN FL 32541 US</b>	Mailing Address <b>9375 EMERALD COAST PARKWAY. WEST SUITE 29 DESTIN FL 32541 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3106487</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MILLER, GEORGE R ESQ 105 EAST NELSON AVENUE DEFUNIAK SPRINGS FL 32433</b>
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7. Name and Address of New Registered Agent
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, 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																								
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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:

*Ruby M Southard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

850-654-7161

Daytime Phone #

CR2E034 (10/00)