2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90127 038 ***150.00

D0013963

DO NOT WRITE IN THIS SPACE

DOCUMENT # G08932

1. Entity Name
ISLAND TOYS, INC.

Principal Place of Business	Mailing Address
1999 PERIWINKLE WAY SANIBEL FL 33957 US	1999 PERIWINKLE WAY SANIBEL FL 33957 US

2. Principal Place of Business		3. Mailing Address	
13499 U.S. 41. S.E.		13499 U.S. 41 S.E.	
Suite, Apt. #, etc.: #219		Suite, Apt. #, etc.: #219	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33907	Country: LEE	Zip: 33907	Country: LEE

4. FEI Number 59-2239849 ☐ Applied For ☐ Not Applicable

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
DONDERO, MARY 1999 PERIWINKLE WAY SANIBEL FL 33957	Name: DONDERO, MARY Street Address (P.O. Box Number is Not Acceptable): 13499 U.S. 41. S.E. #219 City: FORT MYERS FL Zip Code: 33907

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 Mary T. Dondero MARY T. DONDERO OWNER 1-30-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DONDERO, MARY 1999 PERIWINKLE WAY SANIBEL, FL 00000	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONDERO, MARY 13499 US 41 S.E. FORT MYERS FL 33907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Mary T. Dondero MARY T. DONDERO 1/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #