

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91652 013 ***150.00

DOCUMENT # P01000091374

1. Entity Name
ISLAND BOUND ENTERPRISES, INC.

Principal Place of Business Mailing Address
2151 S US HWY ONE **2151 S US HWY ONE**
JUPITER FL 33477 **JUPITER FL 33477**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2117 S. US#1 **2117 S. US#1**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Jupiter FL. **Jupiter FL.** **65-1137720** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33477 **USA** **33477** **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
QUICK, JAMES R Name **Michael Wilson**
2151 S US HWY ONE Street Address (P.O. Box Number is Not Acceptable)
JUPITER FL 33477 **2117 S. US#1**
 City City State Zip Code
Jupiter **Jupiter** **FL** **33477**

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: DATE: **4/28/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILSON, MICHAEL	NAME	
STREET ADDRESS	2151 S US HWY ONE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: DATE: **4/28/2002**
SIGNATURE REQUIRED Daytime Phone #

1.03990017 AV CR2E034 (9/01)