


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

3/

03-31-2003 90316 046 ***150.00

DOCUMENT # P02000055312	
1. Entity Name ISLAND XTREME SPORTS, INC.	

Principal Place of Business 7030 B THOMAS DRIVE PANAMA CITY BEACH FL 32408	Mailing Address 7030 B THOMAS DRIVE PANAMA CITY BEACH FL 32408
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2. Principal Place of Business 7030 B Thomas Dr.	3. Mailing Address 7030 B Thomas Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ - CHECK HERE IF MAKING CHANGES


City & State Panama City beach FL	City & State Panama City beach FL	4. FEI Number 04-3647922	Applied For <input type="checkbox"/> Not Applicable
Zip 32408	Country USA	Zip 32408	Country USA
6. Name and Address of Current Registered Agent PAPPOUS, CONSTANTINE PANAMA CITY BEACH FL 32408		7. Name and Address of New Registered Agent Name: Constantine Pappous Street Address (P.O. Box Number is Not Acceptable) 7319 South Lagoon Dr. City: Panama City beach FL Zip Code: 32408	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	3-2503
Signature, type, or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPOUS, CONSTANTINE 7030 B THOMAS DRIVE PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	3-2503 850-230-4117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/02)