

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90091 028 ***150.00

718173



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000034190
 1. Entity Name
THE ISLAND BUILDING COMPANY OF SARASOTA

Principal Place of Business 229 N TAMIAMI TRAIL NOKOMIS FL 34275 US	Mailing Address 229 N TAMIAMI TRAIL NOKOMIS FL 34275-2075 US
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2. Principal Place of Business 508 COCONIA LN E.	3. Mailing Address 508 COCONIA LN. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NOKOMIS FL	City & State NOKOMIS, FL	4. FEI Number 65-0452004	Applied For <input type="checkbox"/> Not Applicable
Zip 34275	Country U.S.A.	Zip 34275	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACOBSON, RODNEY M
927 CASEY COVE DR.
NOKOMIS FL 34275

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 _____ (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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, RODNEY M	
STREET ADDRESS	927 CASEY COVE DR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACOBSON, PAULA B.	
STREET ADDRESS	927 CASEY COVE DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **4/13/00** **(941) 488-0363**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #