

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90357 037 ***150.00

DOCUMENT # P95000007247

1. Entity Name
ISLAND VENTURE PARTNERS, INC.

Principal Place of Business 695 TARPON BAY ROAD SUITE 7 SANIBEL ISLAND FL 33957	Mailing Address POST OFFICE BOX 716 SANIBEL ISLAND FL 33957
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0553759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ARMENIA, JOHN
 695 TARPON BAY ROAD
 SUITE 7
 SANIBEL ISLAND FL 33957**

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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	NAME ARMENIA, LUCY	TITLE	NAME
STREET ADDRESS 695 TARPON BAY ROAD, SUITE 7	CITY-ST-ZIP SANIBEL ISLAND FL	STREET ADDRESS	CITY-ST-ZIP
TITLE PD	NAME WILDMAN, DONALD	TITLE	NAME
STREET ADDRESS 695 TARPON BAY ROAD SUITE 7	CITY-ST-ZIP SANIBEL ISLAND FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME ARMENIA, JOHN	TITLE	NAME
STREET ADDRESS 695 TARPON BAY ROAD SUITE 7	CITY-ST-ZIP SANIBEL ISLAND FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME GIOVANNETTI, PAUL	TITLE	NAME
STREET ADDRESS 6954 TARPON BAY ROAD SUITE 7	CITY-ST-ZIP SANIBEL ISLAND FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: Lucy Armenia **LUCY ARMENIA, SECRETARY** 2-9-01 941-395-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)