

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90747 001 ***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**



2. Principal Place of Business
2430 PERIWINKLE WAY

3. Mailing Address

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.

City & State
SANIBEL ISLAND FL

City & State

Zip
33957

Country

Zip

Country

4. FEI Number
65-0553759

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMENIA, JOHN
695 TARPON BAY ROAD
SUITE 7
SANIBEL ISLAND FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2430 PERIWINKLE WAY
SUITE B**

City **SANIBEL ISLAND**

FL

Zip Code

33957

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** Delete
NAME **ARMENIA, LUCY**
STREET ADDRESS **695 TARPON BAY ROAD, SUITE 7**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE **S** Change Addition
NAME **ARMENIA, LUCY**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **PD** Delete
NAME **WILDMAN, DONALD**
STREET ADDRESS **695 TARPON BAY ROAD SUITE 7**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE **PD** Change Addition
NAME **WILDMAN, DONALD**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **VD** Delete
NAME **ARMENIA, JOHN**
STREET ADDRESS **695 TARPON BAY ROAD SUITE 7**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE **VD** Change Addition
NAME **ARMENIA, JOHN**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **VD** Delete
NAME **GIOVANNETTI, PAUL**
STREET ADDRESS **6954 TARPON BAY ROAD SUITE 7**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE **VD** Change Addition
NAME **GIOVANNETTI, PAUL**
STREET ADDRESS **2430 PERIWINKLE WAY, SUITE B**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John Armenia, V. Pres.*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Armenia, V. Pres. 2-20-03

Date

Daytime Phone #

239-395-9300

CR2E034 (10/02)