

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90205 003 \*\*\*150.00

**DOCUMENT # P97000087158**

1. Entity Name  
**ISLAND TRANQUILITY, INC.**



Principal Place of Business  
**711 EISENHOWER DR.  
KEY WEST FL 33040**

Mailing Address  
**1224 S ST  
KEY WEST FL 33040  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0792525**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERVALDI, FRANK V  
1224 SOUTH ST.  
KEY WEST FL 33040**

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. 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	PTD	<input type="checkbox"/> Delete
NAME	BERVALDI, FRANK V	
STREET ADDRESS	1224 SOUTH ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BERVALDI, RICHARD JR	
STREET ADDRESS	711 EISENHOWER DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BERVALDI, JR. F	
STREET ADDRESS	711 EISENHOWER DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BERNALDI, JENNIE L	
STREET ADDRESS	711 EISENHOWER DR	
CITY-ST-ZIP	KEY WEST FL 33040	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERVALDI, RICHARD	
STREET ADDRESS	711 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	V.P. AS, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERVALDI, FRANK V. JR	
STREET ADDRESS	711 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	V.P. AS, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERVALDI, JENNIE L.	
STREET ADDRESS	711 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST, FL 33040	
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		

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: *Frank V. Bernaldi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03  
Date

(305) 296 6713  
Daytime Phone #

CR2E034 (10/02)