

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 419536**

1. Entity Name

ISLAND AIRE, INC.**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90129 036 ***150.00

Principal Place of Business

**11563 MARSHWOOD LANE SW
FORT MYERS FL 33908**

Mailing Address

**11563 MARSHWOOD LANE SW
FORT MYERS FL 33908-3206**

2. Principal Place of Business

5651 HALIFAX AVENUE

Suite, Apt. #, etc.

Unit #6

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

LEE

3. Mailing Address

5651 HALIFAX AVENUE

Suite, Apt. #, etc.

UNIT #6

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1448492

Applied For

Not Applicable

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

**GRANT, WILLIAM C.
11563 MARSHWOOD LANE SW
FORT MYERS FL 33908**

Name

GRANT, WILLIAM C.

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

5651 HALIFAX AVENUE**UNIT #6**

City

FORT MYERS, FLORIDA**FL**

Zip Code

33912

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

WILLIAM C. GRANT **PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/20009. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete		PRESIDENT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	GRANT, WILLIAM C.	11563 MARSHWOOD LANE SW	FT MYERS, FL 00000			GRANT, WILLIAM C.	5651 HALIFAX AVE #6	FORT MYERS, FLORIDA 33912	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 title empowered.

SIGNATURE:

WILLIAM C. GRANT **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2000

Date

941-466-8668

Daytime Phone #

CR2: 0014 (1/98)