

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 627174

1. Entity Name:

ISLAND ACCOUNTING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90126 007 ***150.00

Principal Place of Business

Mailing Address

755 PUNCHEON FORK ROAD
MARS HILL NC 28754
US

755 PUNCHEON FORK ROAD
MARS HILL NC 28754-9356
US

2. Principal Place of Business

1300 SEAWAY DRIVE

3. Mailing Address

P.O. Box 2261

Suite, Apt. #, etc.

UNIT E-8

Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

City & State
FORT PIERCE, FL

Zip
34949

Country
U.S.

Zip
34954

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1915383

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSKING, ERIC B
13670 ROBERTS RD
PINELAND FL 33945

7. Name and Address of New Registered Agent

Name
OSKING, BEN E.

Street Address (P.O. Box Number is Not Accepted)
1300 SEAWAY DRIVE UNIT E-8

City
FORT PIERCE

FL

Zip Code
34949

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

Ben E. Osling BEN E. OSKING

4/8/00

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

(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 PD
NAME OSKING, BEN E
STREET ADDRESS 755 PUNCHEON FORK RD
CITY-ST-ZIP MARS HILL NC 28754



TITLE SD
NAME OSKING, NANCY B
STREET ADDRESS 755 PUNCHEON FORK RD
CITY-ST-ZIP MARS HILL NC 28754



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

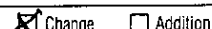


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

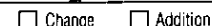


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME OSKING, BEN E
STREET ADDRESS 1300 SEAWAY DRIVE UNIT E-8
CITY-ST-ZIP FORT PIERCE, FL 34949



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



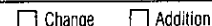
TITLE
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STREET ADDRESS
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CITY-ST-ZIP



TITLE
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:

Ben E. Osling BEN E. OSKING 4/8/00 466-9698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)