2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am DOCUMENT # F0000002171 **Secretary of State** 1. Entity Name ISLAND SOFTWARE, INC. 03-05-2001 90070 009 ***150.00 Principal Place of Business Mailing Address 413 PARTRIDGE CIRCLE 413 PARTRIDGE CIRCLE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 05-0390807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAWKES, CALVERT T Street Address (P.O. Box Number is Not Acceptable) 413 PARTRIDGE CIRCLE **SARASOTA FL 34236** City Zip Code FI 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** Addition TITLE ☐ Delete TITLE Change HAWKES, CALVERT T NAME NAME 413 PARTRIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change HAWKES, CALVERT T NAME NAME 413 PARTRIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Defete TITLE Change ___ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7fP

CR2E034 (10/00)